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"Treat Your Feet to Supervisor Care"

MEDCALF SHOE CO. LIMITED, ST. THOMAS, ONT.

New Products

Edited by **PROFESSOR F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

TRI-IMMUNOL

Manufacturer—Lederle Laboratories Division—North American Cyanamid Ltd., Montreal.

Description—A trivalent immunizing agent containing Purogenated diphtheria-tetanus toxoids,alum-precipitated, and pertussis vaccine Phase I.

Indications—For immunization of infants and children of preschool age against diptheria, whooping cough, and tetanus. May also be used for the "booster" injection for children about to enter school.

CAUBREN COMPOUND TABLETS

Manufacturer—Whittier Laboratories Division—Nutrition Research Laboratories, Chicago; Canadian distributor: Laurentian Agencies Ltd., Montreal.

Description—Each tablet contains Chlorothen Citrate (antihistaminic) 25 mg., Acetophenetidin 320 mg., Caffeine 32 mg.

Indications—For symptomatic relief and to shorten the duration of the common cold.

Administration—As directed, as early as possible after onset of symptoms, preferably within 12 hours.

PREGNENOLONE

Manufacturer—John Wyeth & Bro. (Canada) Limited, Walkerville, Ont.

Description—Each tablet contains 100 mg. of the acetate of the synthetic steriod compound, Pregnenolone.

Indications—For trial in rheumatoid arthritis.

Administration—Oral dosage employed in clinical trials has been between 100 and 300 mg. By intramuscular injection 100 mg. daily has been used. Exact details of dosage have not been established.

METHADON

Manufacturer—E. B. Shuttleworth Chemical Co. Ltd., Toronto.

Description—The synthetic analgesic, d1-4,4'-diphenyl-6-dimethylamino-heptanone-3. In tablets of 5 mg. and 10 mg. In hypodermic tablets of 2.5, 5 and 10 mg. In sterile solution, 10 mg. per cc.

Indications—For the relief of pain, especially where morphine would be indicated. Fewer side effects than with morphine. Is of value in renal colic and in bladder spasm where morphine is of little value. Not suitable for preanesthetic medication or in obstetrics.

Administration—Orally or parenterally. Suggested doses: moderate pain, 2.5 mg. orally every 4 hours; severe pain, as with fractures or malignant tumors, 5 mg. orally or subcutaneously every 3 to 5 hours; severe pain of renal colic, post-operative pain after major surgery, 10 mg. subcutaneously every 4 to 6 hours.

PRESTO-BORO POWDER

Manufacturer—Standard Pharmaceutical Co., New York; Canadian distributor: Lyster Chemicals Ltd., Montreal.

Description—Each envelope contains sufficient powder to prepare a moist compress of 1:20 Burow's Solution N.F., when added to a pint of water.

Indications—Where external moist dressings of Burow's Solution are indicated.

BEREX—Succinate-Salicylate Therapy

in ARTHRITIS RHEUMATISM

EXPERIENCE HAS PROVED that salicylates are the agent of choice in the treatment of Arthritic and Rheumatic disorders. But toxic and other unpleasant reactions often result when large and sustained dosage of salicylates is necessary in chronic and acute cases of Arthritic and Rheumatic disturbances.

This difficulty has been overcome. Clinically it has been demonstrated that the depressant effect of salicylate on blood prothrombin is averted when acetylsalicylic acid is administered in combination with calcium succinate as it is in BEREX.

BEREX combines these proven advantages:

- BEREX gives prompt relief of painful symptoms.
- BEREX obviates salicylate toxicity and may be prescribed without fear of untoward side-effects such as hypoprothrombinemia or hemorrhagic tendency and is, therefore, suitable for protracted therapy.
- BEREX is easily administered . . . reasonable in cost.

BEREX contains, per tablet: calcium-succinate 2.8 grams, acetylsalicylic acid, 3.7 grains.

BEREX may be obtained through your prescription pharmacy—in bottles of 100 tablets or in bottles of 500 tablets designed for dispensing and institutional use.

Complete clinical information concerning BEREX in the treatment of Arthritic and Rheumatic disorders will be sent on request to

BEREX Pharmacal Co., 36-48 Caledonia Rd., Toronto, Canada

Patented 1949. Manufactured under License from the Proprietors.
BEREX is the trademark of this product.

CARBOCEL

Manufacturer—Mowatt & Moore Ltd., Montreal.

Description—Each tablet contains: Sodium carboxymethylcellulose 4½ gr.; Magnesium oxide 1½ gr.

Indications—Peptic ulcers. Protects, eases pain, neutralizes acid without producing constipation or diarrhea.

Administration—2 to 4 tablets 3 or 4 times a day between meals or as directed by the physician. Not to be chewed.

EXORBIN

Manufacturer—Ayerst, McKenna & Harrison Limited, Montreal.

Description—A polyethylene polyamine methylene substituted resin of diphenylol dimethyl methane and formaldehyde in basic form; an anion exchange resin capable of lowering gastric acidity.

Indications—For control of gastric hyperacidity and as an adjunct to the treatment of gastric and duodenal ulcers.

Administration—Suggested dosage: Two or more tablets or one-half teaspoonful of powder in a small amount of milk or other liquid every two hours or as required.

PYRIBENZAMINE NEBULIZER

Manufacturer—Ciba Company Limited, Montreal.

Description—A convenient pocket or purse-size nebulizer containing 7.5 cc. of Pyribenzamine (Ciba brand of N'-puridyl-N'-benzyl-N-dimethyl-ethylenediamine monohydrochloride).

Indications—Nasal symptoms due to hay fever, allergic rhinitis, other seasonal allergies, and common colds.

Administration—By inhalation as required.

METRASIL TABLETS

Manufacturer—Ward, Benkinsop & Co. Ltd., London; Canadian distributor: Brent Laboratories Ltd., Toronto.

Description—Each tablet contains 0.5 gm. and the solution 30% of para-sulfanilamido-salicylic acid, a compound sulfanilamide and para-amino-salicylic acid.

Indications—Pyelitis, cystitis, and urethritis due to infections by Streptococcus faecalis, B. proteus, E. coli, or Ps. pyocyaneus; for prevention of such infections following surgery of the genito-urinary tract.

Administration—Orally, supplemented by irrigation of urinary tract by neutral solutions of the sodium salt.

Dr. L. O. Bradley Appointed

Dr. Leonard O. Bradley of Toronto has been appointed executive secretary of the Canadian Hospital Council. He will assume his new duties on August 1. He is at present director of studies for the Ontario Health Survey Committee.

Dr. Bradley was born in Saskatchewan and was graduated in medicine from the University of Alberta in 1938. He served for five years as a medical officer with the Royal Canadian Air Force at command headquarters in Winnipeg and throughout the western provinces. Dr. Bradley has an unusual knowledge of hospitals and their problems. His extensive clinical training, executive experience, and formal training in hospital administration form an excellent background for his new work.

A spectacular instance of the change for the better in the Canadian health picture is seen in diphtheria statistics. In 1929, there were 9,093 cases and 1,280 deaths from this disease in Canada. In 1948, there were 898 cases and 85 deaths. With toxoid so readily available one might ask why the latter figures were still so high.

UNIFORMITY

One of the world's finest drug plants is devoted solely to the making of Aspirin. Nothing you prescribe is more carefully made. To make sure that Aspirin is always uniform in quality, more than seventy tests and inspections are employed in its manufacture. Behind these tests and inspections are forty-seven years of experience in making *the* analgesic for home use . . . Aspirin.

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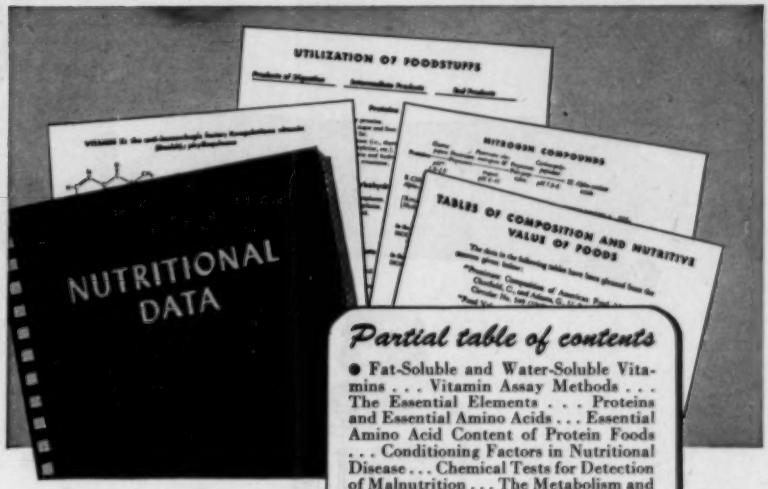

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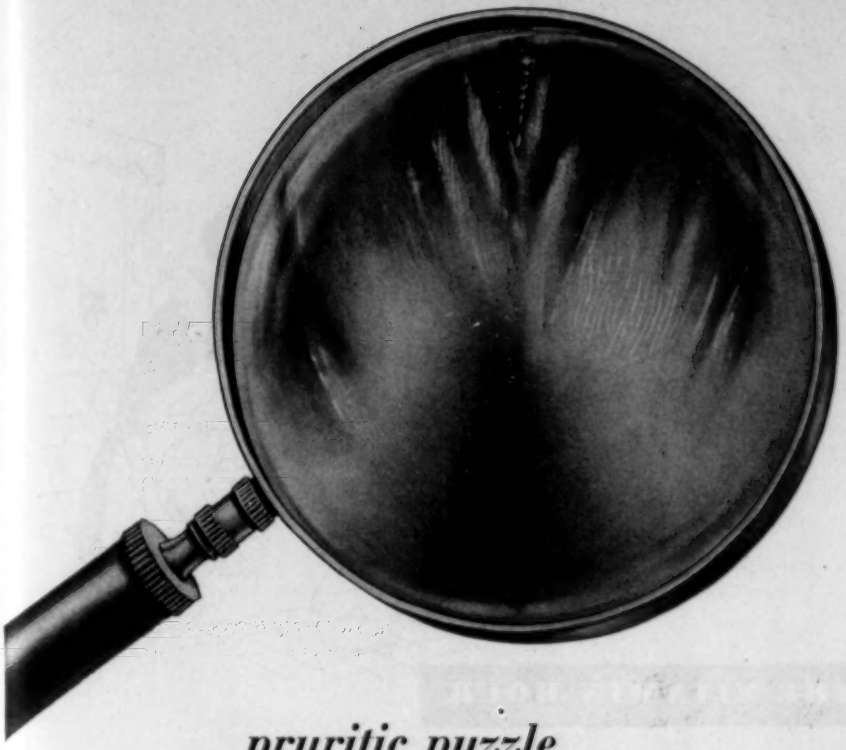

pruritic puzzle

Etiology is enigmatic and signs may be imperceptible in anogenital pruritus. But the itching is pronounced and relief imperative.

antipruritic answer

Promptly upon application, Calmitol Ointment gives the patient relief. Most important, Calmitol Ointment is safe in use since it contains neither phenol (as in calamine with phenol) nor cocaine or cocaine derivatives.

for control of pruritus

Active ingredients:
Camphorated chloral
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Menthol

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When the Vi-Daylin bottle is opened, children come running. They smell this honey-like liquid, taste the lemon-candy flavor, and are quick to take the prescribed dose—no coaxing, no coyness here. One teaspoonful a day is the average dose for children up to twelve years old. Vi-Daylin is ideal for babies too, as it's easy to mix with formula, fruit juice or cereal. Contains practically no alcohol—less than 0.5%. For mothers there's an extra bonus—Vi-Daylin has no fishy odor, stays fresh without refrigeration. The formula shows its potency, the Abbott label assures you of its purity and stability. Vi-Daylin is obtainable in two convenient sizes: 90-cc. and 8-fluid-ounce. ABBOTT LABORATORIES, LIMITED, MONTREAL.

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Each 5-cc. teaspoonful of Vi-Daylin contains:

Vitamin A	5000 Int. units
Vitamin D	1000 Int. units
Thiamine Hydrochloride	1.5 mg.
Riboflavin	1.2 mg.
Ascorbic Acid	40 mg.
Nicotinamide	10 mg.

SPECIFY *Vi-Daylin*
TRADE MARK

(HOMOGENIZED MIXTURE OF VITAMINS A, D, B_1, B_2, C AND NICOTINAMIDE, ABBOTT)

The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-SIX *NUMBER FIVE*

MONTREAL, MAY, 1950

Reports for the Biennial Period 1948-50

The reports of the various officers, chairmen, and conveners of committees of the Canadian Nurses' Association are presented in this issue so that every member may have an opportunity to study them before the convention in June.

Convention week is going to be a very full and busy time. In order that discussion on these reports may be full and to the point, the Executive Committee authorized this presentation in the May issue instead of in June as in 1948. It is recommended that every association that is sending a representative analyze these reports to provide a background of opinion.

None of these reports has been presented to the Executive Committee and must be accepted as tentative reports, subject to some slight revision when actually presented.

No mimeographed folios of these reports will be prepared by our National Office so it is earnestly requested that you—

BRING THIS COPY WITH YOU!

★ ★ ★

Report of General Secretary

CONTRARY to predictions made during and immediately following the war, the Canadian Nurses' Association has not expanded its program of activities for the reason that finances have restricted the development of programs which have been proposed from time to time.

During the past biennium there has been the usual routine organization work and this has included the preparations for four Executive meet-

ings and for the biennial meeting. Preparing for and carrying out the follow-up work resulting from these meetings is time-consuming. To a very considerable extent, copies of correspondence received in National Office must be made and channeled to the various committees and organizations concerned.

Changes in Personnel

Miss Winnifred Cooke, assistant secretary, resigned in October, 1948, to become director of nurses at the General and Marine Hospital, Owen Sound, Ont. From October, 1948, till May, 1949, Miss Marion Nash assisted the general secretary on a part-time basis and from the latter date she has been employed full time. In addition to other duties, Miss Nash has been responsible for the planning and arrangement for the Work Conferences.

Owing to the increased clerical work in preparation for a biennial meeting an additional stenographer has been employed since October 15, 1949.

Membership

The total membership of the Canadian Nurses' Association reported to National Office as of December 31, 1948, was 26,350 and December 31, 1949, 28,358—an increase of 2,592 members since December 31, 1947.

International Council of Nurses

Considerable time was devoted to answering lengthy questionnaires, preparing reports, and supplying information for headquarters, as well as for various committees, of the I.C.N. prior to the Conference in Sweden. All applications from Canadian nurses attending the Conference were cleared through National Office.

Advisory Service

Much of our time is devoted to dealing with numerous enquiries and requests for information received from federal government departments, international and national organizations, prospective applicants to schools of nursing, and graduate nurses seeking information and advice on selecting post-graduate experience. Some of these enquiries, accompanied by the inevitable lengthy questionnaire, require hours of searching and compiling and much of this work must be done after office hours.

Numerous enquiries are received from nurses all over the world concerning nursing opportunities in Canada. Requests for information and material are also made by nurses and others engaged in research work. One such request was received in May, 1949, from a young woman at Harvard University who had worked on the compilation of nursing legislation for the International Council of Nurses. She was writing a thesis on "Nursing Legislation" for her doctorate degree. Since time and staff did not permit searching out material from the C.N.A. archives, an invitation was extended for her to visit National Office where all the available material was placed at her disposal. The student spent nine days searching records and gathering data.

Requests for information concerning exchange privileges for nurses have been received from various countries; the majority continue to come from Britain.

C.N.A. Publications

There have been no new publications during this biennium. The pamphlets entitled "Facts About Nursing in Canada" and "Salary Schedules" have been revised. At the request of C.N.A., the Department of National Health and Welfare has undertaken the revision of the recruitment booklet "What You Want to Know About Nursing." The department has also prepared and published—in cooperation with National Office—the supplement to *Canada's Health and Welfare* entitled "Nursing —a Career for Women."

A Proposed Curriculum for Schools of Nursing in Canada and the *Supplement to a Proposed Curriculum for Schools of Nursing* are now out of print. It was decided to advertise in *The Canadian Nurse* for used copies, to be re-sold at a nominal fee.

Press Clipping Service

The C.N.A. continues to subscribe to the Canadian Press Clipping Service and, three times a week, bulky brown envelopes make their appearance on the assistant secretary's desk. These clippings bring news about health work, especially about Canada's new health legislation and what is being done with all the millions of dollars voted to help keep Canadians well; news of hospitals and nursing—some good, some not so good; some that make interesting and pleasant reading because the message carried is one of progress; others again make the news, it is true, but we often pause and question why.

What do we do with them? First they are scanned for important new developments. Is there something going on that the general secretary should know? These are brought to her notice. The interesting bits we think others will enjoy are assembled, typed and checked, a stencil is made and finally the mimeographed copy is ready for assembling. These are distributed mainly through the provincial nursing association offices.

International Visitors

Hospital administrators and members of hospital governing boards have been among the continual stream of international visitors. An administrator from a large hospital in Switzerland spent considerable time in National Office seeking information on administration of schools of nursing in Canada. He informed us that the hospital he represented did not employ a nursing director; each of the 30 head nurses employed reported directly to the hospital administrator. We arranged a program of visits to hospital schools of nursing in Canada where he could see a director of nursing in action.

Many requests are also received from various organizations, as well as from hospitals, for programs of observation and experience for nurses. In some instances, due to the difficulties connected with currency exchange, we are asked to arrange hospitality. We are deeply grateful for the cooperation and kindness of many hospital administrators who have met these requests with such courtesy.

Cooperation with World Health Organization

The Pan-American Sanitary Bureau in Washington is now serving as regional headquarters of the World Health Organization for the western hemisphere. National Office was requested to assist in finding a French-speaking nurse for the health program being inaugurated under WHO in Haiti last April. Every available assistance was sought in order to meet the need. Finally, with the cooperation of the director of nurses and the medical director of the Montreal Department of Health, a member of their staff was released for a period of one year to undertake this work.

A second request was received early in January, 1950, for a French nurse, skilled in pediatric nursing, to serve in a hospital in Paris. The same procedure was followed and applications were submitted.

National Activities

During the past biennium there have been several changes in provincial registrars and we record once again our appreciation of the cooperation of the registrars. The untimely death of Miss E. Frances Upton soon after her retirement brought grief to us all.

Registrars' Conference

A very successful conference was held in Montreal, November 6 and 7, 1949, immediately preceding the Executive meeting. The discussion centred around: an evaluation program for schools of nursing; assistance to nurses from displaced persons camps to qualify for registration; reciprocal registration, and other matters of general interest to registrars.

Nurses from Displaced Persons Camps

At the request of the Deputy Minister of Labor, Ottawa, National

Office staff has assisted the federal authorities responsible for interviewing and placing these nurses. Credentials were checked and assistance was given in their placement in hospitals conducting schools of nursing. Forty-four nurses have been placed to date. A duplicate of the information obtained from the nurses regarding their preparation and experience was also sent to the secretary of the provincial nurses' association concerned.

Progress report forms were prepared and distributed, through the cooperation of provincial secretaries, to the directors of hospitals employing these nurses. Copies of these reports, when received, were forwarded to the Department of Labor. The latter has indicated approval of and satisfaction with this assistance given by the C.N.A.

National Committees

Assistance has been given during the period of re-organization following the biennial meeting and later as requested.

A manual of directives concerning the functions of national and special committees, and the provincial counterparts of the former, was prepared by National Office, submitted to the Committee on Constitution, By-laws and Legislation, and subsequently to the provincial associations for comment and/or approval. It was finally mimeographed and distributed to all the above-mentioned groups in January, 1950.

Attendance at Meetings

In September, 1948, the general secretary, as a representative of the Canadian Florence Nightingale Memorial Committee, attended meetings of the Grand Council, Florence Nightingale International Foundation, held in London, and later accompanied the president to meetings of the Board of Directors, I.C.N.

In June, 1949, the general secretary again represented the Canadian F.N.M.C. at meetings of the Grand Council, F.N.I.F., held in Stockholm, and also attended the Board of Directors and Grand Council meetings of the I.C.N. Following the I.C.N. Conference, the general secretary attended the international conference of national secretaries held at Bergendal, Sweden.

Field Work

As no provision was made in the budget for travelling expenses for members of National Office staff, field visiting has been sharply curtailed during the past biennium. At the request of the New Brunswick Association of Registered Nurses, the general secretary attended and addressed the annual meeting of the association in Edmundston and later conferred with the director and members of the Provincial Health Survey Committee on matters related to nursing.

Talks on nursing affairs have also been given by the general secretary to various groups and organizations. The assistant secretary attended and participated in meetings of the Joint Planning Commission for Adult Education. A report of the work done by the C.N.A., on behalf of nurses from displaced persons camps, was submitted to the above Commission and, as a result, we were asked by the Canadian Citizenship Council to release the report for publication in their journal.

Visit to Newfoundland

At the request of the Newfoundland Graduate Nurses' Association, the general secretary spent two weeks there during February for the purpose of studying the nursing situation and with a view to making recommendations which could be considered by that association in their future plans.

When it was learned that registration is not a requirement for membership in the present association and, inasmuch as the present administration of the Registration Act does not entirely conform with the registration requirements in other provinces, it was recommended that an effort be made by N.G.N.A. to secure a Licence Act for Nurses. At the time of writing this report, the whole matter was under consideration by the Newfound-

land association and no definite action had been taken concerning the above recommendation. It is, however, confidently expected that the nurses of Newfoundland will ultimately become organized as a registered nurses' association and affiliated with the Canadian Nurses' Association.

Representations to Federal Government

In accordance with a resolution adopted at the general meeting on July 1, 1948, a brief was presented to the Department of National Health and Welfare requesting the establishment of a division of nursing within the Department of National Health and Welfare, with a fully qualified nurse as director. In November, 1948, the president and general secretary, together with members of the sub-executive, attended a meeting of the Advisory Committee to the Department of National Health and Welfare. This meeting was held for the purpose of conferring with the directors of Health Surveys on all matters concerning the Federal Health Grants.

Statistical Report

(Prepared by Miss M. Archibald, Statistical Worker, National Office)

During the past biennium, the practice was established of preparing three annual questionnaires to secure the following data:

(a) During August or September—information on the withdrawal rate of student nurses; reasons for withdrawal; and the number of students who yearly enter schools of nursing.

(b) In January—information on the number of students enrolled in schools of nursing as of December 31. The enrolment is classified as to length of time in training—i.e., Preliminary, 1st, 2nd and 3rd-year student.

(c) In April or May—a questionnaire to university schools for graduate nurses to estimate enrolment in the various courses.

From the foregoing, yearly statistical data are assembled and comparisons are made with previous years.

Schools of nursing are classified according to the bed capacity of the hospital in which they are located or which serves as their clinical field. There are nine categories, beginning with hospitals having bed capacity of 51-100 and increasing by 100 until the 7th classification takes in 601-900 beds, and the last over 900 beds. This latter classification was divided to separate general hospitals with large classes from mental hospitals with small classes.

Schools of nursing in the first two categories make up almost half of the total number of schools of nursing in Canada, and give training to less than one-quarter of the student nurses. This is in contrast to hospitals of 500 beds and over, that train 37% of the students in 15% of the schools. Eleven mental hospitals conduct schools for 2% of the students.

It is interesting to note that, since 1931 when Dr. Weir conducted his survey, the schools of nursing in hospitals with:

Bed capacity of 55-99 have decreased from 77 to 23.

Bed capacity of 100-300 have increased from 62 to 84.

Distribution of Schools of Nursing and Student Nurses According to the Size of the Hospital

Bed Capacity	*% of Schools*	*% of Students*
51—100	13.6	4
101—200	32	17.7
201—300	18	17.2
301—400	11.7	17.7
401—500	2.6	4
501—600	6	12
601—900	4.8	13
Over 900	4.8	12
Mental Hospitals	6.5	2.4

PERCENTAGE OF GRADUATES ON STAFF QUALIFIED BY POST-GRADUATE STUDY

Bed Capacity of Hospital	*Superintendent Asst. Supt.*	*Instructor Educ. Dir.*	*Supervisor Head Nurse*
	%	%	%
51—100	45	58	11
101—200	49	63	23
201—300	49	70	25
301—400	60	74	20
401—500	50	89	20
501—600	71	87	26
601—900	90	84	34
Over 900	77	91	22
Mental Hospitals	31	20	2

Bed capacity of over 300 have increased from 32 to 62.

Students in training have increased about 66%—from just over 9,000 in 1931 to 14,115 as of January 1, 1950. The number who will be graduating in 1950 has increased 44% over the number graduating in 1940.

The return on the questionnaires forwarded to all hospitals in Canada two years ago averaged 65% but from hospitals with schools of nursing it was 87%. From these data an attempt was made to show the number of teaching and administrative personnel on the staffs of hospitals and nursing schools in those hospitals, as well as the number of such personnel qualified by post-graduate study.

While giving figures on graduate nurses, it is interesting to note the changes in ratio of graduate nurses in the major fields of nursing.

Though the number of graduate nurses employed in public health has doubled, the percent of total nurses actively engaged in nursing remained much the same during the last 20 years—i.e., 15% of the total.

Statistics on University Schools for Graduate Nurses show that approximately 500 nurses yearly receive diplomas or certificates—a drop of 100 in the last four years, possibly due to the decrease in the number of nursing sisters attending university.

As well as yearly questionnaires, occasionally the C.N.A. is asked to do a *spot study*. Two of the spot studies conducted in 1949 were as follows:

(a) Percentage of various types of nursing service personnel in hospitals based on 26 hospitals of various bed capacities.

(b) Reasons for graduate nurse turnover and included in the same question-

MAJOR FIELDS OF NURSING

	1930		*1943**		*1948***	
	Number	%	*Number*	%	*Number*	%
Private Nursing	6,370	60	6,327	29	2,886	15
Institutional	2,639	25	10,705	48	12,846	67
Public Health	1,521	15	1,885	9	2,377	13
Industrial	..	..	1,356	6	640	3
Other Fields and unspecified	..	..	1,849	8	287	2
Total	10,530		22,122		19,036	

* (a) Compulsory federal registration of all nurses.

** (b) Based on returns—Hospitals, approx. 65%; private nursing, approx. 91%; public health nursing, approx. 85%.

In 1930 the ratio of Private Nursing to Institutional was 60 to 25.
" 1943 " " " " " " " " 29 to 48.
" 1948 " " " " " " " " 15 to 67.

naire was "Need for Male Nurses." Out of 51 hospitals replying, 31 answered that they would use male nurses if available and 10 schools would accept them for training. A report of the vacancies on the staff of 51 hospitals at that time (June, 1949) reported a shortage of:

Superintendent of nurses	1%
Instructors	10%
General Duty	65%
Auxiliary personnel	24%

Graduate nurse turnover is distributed as follows: The greatest turnover was in general duty which was —90%; next, supervisors and head nurses which was—8%; last, superintendents and instructors which was—2%. Eighty per cent of those resigning from the staff had been employed by the hospital for a year or less.

These figures are just a few examples from the data assembled from questionnaires that have been prepared and analyzed during the past biennium and will, we hope, give some indication of the value of the statistical service provided by National Office.

Conclusion

In closing this report the National Office staff wishes to express appreciation to the Executive Committee and to the members of the Canadian Nurses' Association for the support received from them during the past biennium.

To my co-workers in National Office who render loyal and efficient service at all times—a very special word of appreciation is extended.

Gertrude M. Hall
General Secretary

Report of Treasurer

The method of preparing financial statements was revised during the past biennium—a comparative statement in relation to the proposed budget for the biennium was used. By this method the members of the Executive Committee are informed of the monthly current expenditures and total expenditures for the current period of the biennium.

Upon recommendation of the Committee on Finance, approved by the Executive Committee in January, 1949, a token grant of 25 cents per member was requested from each provincial association with the result that a total, to date, of $5,940.17 has been received.

Commissions from Thos. Cook & Son Ltd. for the sale of tickets for tours at the time of the International Council of Nurses Conference in Sweden amounted to $2,849.73.

In accordance with the decision of the International Council of Nurses to double the amount of the affiliation fee, the C.N.A. Executive Committee instructed the treasurer to forward the affiliation fees for 1949 at the rate of 16 cents per member (Canadian funds). In the future the affiliation fee, based on 8 pence per member, will be paid when due at the current rate of exchange for pounds sterling. The sum of $4,025.25 was forwarded for 1949.

Due to an increased membership of 2,592 during this biennium, the revenue has also increased by $2,592.

Early in September, 1949, the treasurer was informed that Dominion of Canada Bonds, bearing 3% interest, maturing 1952, were being called in October. The Canadian Nurses' Association held these bonds to the amount of $2,000. Upon consultation with the auditor, we were advised to secure Canadian National Railways Bonds, guaranteed by the Dominion Government, bearing interest at the rate of 2⅞%, maturing September 15, 1969. Upon approval of the president, the above-mentioned bonds were purchased.

At the request of the International Council of Nurses, the nurses of Canada contributed the sum of $1,095 for assistance to nurses in war-devastated countries. This money was collected by the provincial associations and forwarded by the C.N.A. to the I.C.N.

The last instalment of the Government Grant from the Department of National Health and Welfare, amounting to $9,718.40, was received on July 30, 1948, and was allocated as follows:

British Columbia	$1,349.40
Saskatchewan	2,200.00
Quebec	3,000.00
Ontario	950.00
Nova Scotia	1,125.00
National Office for administration	1,094.00
Total—GOVERNMENT GRANT	$9,718.40

GERTRUDE M. HALL
Treasurer

CANADIAN NURSES' ASSOCIATION

BALANCE SHEET AS OF DECEMBER 31, 1949

Assets

CURRENT ASSETS			
Cash on hand and in bank			$15,196.44
Affiliation fees outstanding			2,178.00
Dominion of Canada and other bonds at cost—(par value $18,200)			18,251.37
			35,625.81
LOAN FUND			
Cash in bank		$ 7,090.26	
Loans to member nurses		2,448.87	9,539.13
Furniture and fixtures, less depreciation			696.66
			45,861.60
SPECIAL FUNDS			
The Canadian Nurse Journal Fund			
Cash in bank	832.80		
Dominion of Canada bonds at cost—(par value $3,500)	3,500.00	4,332.80	
War Memorial Trust Fund—Library			
Cash in bank		17,063.43	
Mary Agnes Snively Memorial Fund			
Cash in bank	335.18		
80 shares Bank of Montreal at cost	2,144.00	2,479.18	
National Memorial Fund			
Cash in bank	6.73		
15 shares Royal Bank of Canada at cost	305.00	311.73	
Nurses' Assistance Fund			
Cash in bank		100.36	
TOTAL SPECIAL FUNDS			24,287.50
			$70,149.10

Liabilities

CURRENT LIABILITIES			
Sundry accounts payable			$ 60.00
Advances for commercial exhibits			550.00
SURPLUS			
Amount at December 31, 1948		$37,337.41	
Add net revenue for the year ended December 31, 1949		7,914.19	45,251.60
			45,861.60

SPECIAL FUND RESERVES—PER CONTRA		
The Canadian Nurse Journal Fund	4,332.80	
War Memorial Trust Fund—Library	17,063.43	
Mary Agnes Snively Memorial Fund	2,479.18	
National Memorial Fund	311.73	
Nurses' Assistance Fund	100.36	24,287.50
		$70,149.10

STATEMENT OF REVENUE AND EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 1948

REVENUE			
Affiliation fees			$26,350.00
Grant from the Department of National Health and Welfare		$ 9,718.40	
Less—Amounts distributed to Provincial Associations		8,624.40	1,094.00
Interest received			709.80
Curricula and Supplements			384.48
Sales of pamphlets, Orations, etc.			606.75
Miscellaneous			190.52
Florence Nightingale Memorial Foundation Fund:			
Donation from Canadian Red Cross		400.00	
Proceeds from sale of Oration		154.00	
		554.00	
Less: Contribution to cost of survey	$ 404.56		
Telephone and sundry charges	8.12	412.68	141.32
			29,476.87
EXPENSES			
Salaries		12,784.33	
Rent		1,650.00	
Insurance		67.20	
Telephone and telegrams		494.83	
Light and water		119.09	
Audit and legal fees		275.00	
Travelling expenses:			
Executive	5,207.38		
General	1,598.31	6,805.69	
Stationery and printing		1,042.66	
Office supplies and expenses		736.22	
Multigraphing and stencils		413.37	
Advertising—Official Directory		330.00	
Library		303.80	
Press clippings		289.92	
Official entertainment		27.64	
Postage and excise		404.27	
Depreciation—10% on furniture and fixtures		85.78	25,829.80
			3,647.07
DEDUCT			
1948 biennial meeting:			
Expenses	8,989.81		
Less Revenue	5,806.00	3,183.81	
International Council of Nurses:			
Affiliation fees	2,061.28		
Travelling expenses	1,414.38		
Travel allowance	250.00	3,725.66	
Bursaries and expenses (1947 & 1948)		1,064.17	
Educational Policy Committee expenses		772.62	8,746.26
Excess of Expenses over Revenue			$ 5,099.19

STATEMENT OF REVENUE AND EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 1949

REVENUE		
Affiliation fees		$28,358.00
Interest received		710.49
Curricula and Supplements		247.10
Sale of pamphlets		443.36
Token grant		5,831.42
Commissions		2,849.73
Donation—educational purposes		250.00
Royalties on book sales		21.22
Miscellaneous		110.00
Florence Nightingale Memorial Foundation Fund:		
Donation from Canadian Red Cross	$ 75.00	
Donation from Canadian Nurses' Association	75.00	
	150.00	
Less sundry charges	20.00	130.00
Donations for assistance to nurses in devastated countries		1,095.00
Profit on the sale of bonds		25.00
		40,071.32
EXPENSES		
Salaries	13,263.31	
Rent	1,950.00	
Unemployment insurance	90.38	
Telephone and telegrams	512.84	
Light and water	142.65	
Audit and legal fees	363.35	
Travelling expenses:		
Executive	4,423.07	
General	357.13	
Stationery and printing	362.78	
Office supplies and expenses	414.35	
Multigraphing and stencils	298.98	
Advertising—Official Directory	320.00	
Library	178.83	
Press clippings	401.95	
Official entertainment	21.93	
Insurance, general	59.13	
Postage and excise	319.40	
Bank charges	25.59	
Depreciation on furniture and fixtures	174.16	23,679.83
		16,391.49
DEDUCT		
Biennial meeting—postage	48.75	
National Committees—Meetings and Projects:		
Educational Policy Committee	$ 746.10	
National Committee	238.98	985.08
Donation, Florence Nightingale International Foundation	75.00	
International Council of Nurses:		
Fees	4,216.00	
Travelling expenses	2,057.47	6,273.47
Assistance to nurses in devastated countries	1,095.00	8,477.30
Net Revenue for year ended December 31, 1949		$ 7,914.19

Alberta, Too!

Another momentous telegram has brought good news to the *Journal*. At their recent annual meeting, the members of the Alberta Association of Registered Nurses voted to incorporate the subscription to *The Canadian Nurse* in their annual active registration fee. This makes the third provincial association to give their wholehearted support in this fashion to their own nursing *Journal*. New Brunswick, Prince Edward Island, Alberta! Who will be next?

The Canadian Nurse Journal

Editorially speaking, this has been an exceedingly successful biennium for the *Journal*. A high calibre of articles covering a wide range of topics of genuine interest to nurses has been provided. The cooperation of busy medical men, nurses, and others in preparing such outstanding scientific and professional articles is genuinely appreciated. Reprints have been made of many of the articles and in numerous instances permission has been given for reprinting our material in contemporary periodicals, including their translation into some foreign languages.

We continue to be greatly indebted to Miss Suzanne Giroux for her unflagging interest in securing articles for our special French-language section and in being personally responsible for the translation into French of the releases from National Office.

A new feature which was added in June, 1949—"New Products"—has been very well received. This material is compiled by the *Canadian Pharmaceutical Journal* and is published under an arrangement with that organ.

Each of the special interest groups has cooperated actively in maintaining the flow of articles for their pages.

Circulation: The considerable drop early in this biennium which followed the increase in subscription rates has been overcome and paid circulation is again over the 10,000 mark. Approximately 25 per cent of these subscribers are student nurses which means that a relatively small proportion of the total number of the graduate nurses in Canada are personal subscribers. This situation has been sharply altered in New Brunswick where the members of the Registered Nurses' Association voted unanimously at their convention in September, 1949, to include the subscription to *The Canadian Nurse* in the fees paid annually to their association. This arrangement became effective in March, 1950. A resolution has been passed by the nurses of Prince Edward Island to amend their by-laws to include the subscription to the *Journal* with their fees. Consideration of a similar step is being given by other provincial nurses' associations. This whole-hearted support is most encouraging.

An effort has been made to establish a special subscription agency in countries within the sterling bloc. So far it has been found impossible to surmount the currency problems.

Cumulative Index: Since 1944, we have published an index each year which is available to any subscriber upon request, without charge. This year we have prepared a cumulative index for each of two periods—1940-44 and 1945-49. Owing to the small number of copies required these volumes have been mimeographed and are for sale at the price of $1.00 per copy. It is planned that eventually all the material in the *Journal*, right back to its founding in 1905, will be similarly indexed.

Financial picture: A noted publishing accountant wrote recently: "To publish any periodical today costs 65 to 75 per cent more than the same issue in the same quantity cost in 1939." In an endeavor to maintain the same high quality of printing, each issue during 1949 was limited to 80 pages. Other expenditures were kept at a minimum also. As a result, the *Journal* ends this biennium in a somewhat happier financial position.

Advertising: Normally a solid source of income to a periodical, it has been increasingly difficult to maintain a steady quantity of commercial advertising. The provincial committees, authorized to assist in securing advertising contracts from local sources, have proved of negligible value.

Visits to provinces: In the interests of economy, very few trips have been made during this biennium. However, it is worthy of note that, during the past five years, visits have been paid and addresses delivered in 96 per

cent of the schools of nursing in Canada. Large numbers of meetings with graduate nurse groups have also been addressed.

Office personnel: Miss Kathleen Williams, secretary to the editor, has been promoted to be assistant business manager. The activities at the *Journal* office are currently carried on by a staff of five.

Editorial Board: The biennium was started with the reappointment of the same members as had guided the *Journal's* activities previously. Following the resignation of Miss Fanny Munroe, Miss Isobel Black was appointed to the Board by the Executive Committee, C.N.A. It has been a continuing source of strength to the editor to have the entire board resident in Montreal for ease in consultation. Appreciation is expressed to them for their ready assistance and advice at all times. The generous help and counsel given by the general secretary of the C.N.A. is also gratefully acknowledged.

MARGARET E. KERR
Editor and Business Manager

The Editorial Board

It is with regret that the resignation of Miss Fanny Munroe is recorded. Miss Munroe had been a member of the Board since its inception and her interest and sound counsel will be missed. Miss Isobel Black was named to replace Miss Munroe.

The state of *The Canadian Nurse*, financial and otherwise, is well described in the report of the editor and business manager and needs little further comment.

The paid circulation picture is encouraging and is again over the 10,000 mark. It might be in order to point out that in July, 1944, when the present editor took office and the Editorial Board was appointed, the circulation figure was 5,278. It is also interesting to note that the estimated budget for 1950 is just double that of 1944.

The diminishing financial returns from advertising are a cause of some concern and new contracts are being actively pursued. It is hoped that the recent trend toward increased advertising activity will soon reach the *Journal*. Nurses themselves could assist in retaining contracts now held if they mentioned the fact that they saw a product advertised in *The Canadian Nurse*, and in securing new business by asking the manufacturers why certain commodities of interest to nurses are not advertised there.

The editor is to be congratulated on the completion of the first volume of the Cumulative Index (1940-44) to the *Journal*. This is a real accomplishment and one which will meet a long-felt need.

MARY S. MATHEWSON
Chairman

In their first year at a school for the blind, the young children are in the kindergarten class where the teacher will mainly show them how to get the feel of everything and make them discover with their hands what the world is like. With bricks and blocks, animal figures and other models, they get ideas of the things they cannot see. They also learn their alphabet and are taught to write Braille. Their progress compares most favorably with that of seeing children; a blind child learns to read and to write just as quickly as a seeing child of the same I.Q. Indeed, intelligent blind students seem to be ahead of their seeing brothers in many respects. The reason may be that they concentrate more on their studies, that their attention is much less distracted from studies by what surrounds them.

—Ontario Government Services

Committee on Institutional Nursing

MEMBERS OF THE EXECUTIVE of the committee include:

Chairman—Elinor M. Palliser, director of nursing, Vancouver General Hospital; Vice-chairman—Sister Columkille, director of nursing, St. Paul's Hospital, Vancouver; Secretary-treasurer—Edna Rossiter, matron, Shaughnessy Hospital, Vancouver; Convener, Publications Committee—Ida Johnson, director of nursing, Royal Alexandra Hospital, Edmonton. Members—Jessie Young, superintendent of nurses, Kitchener-Waterloo Hospital, Kitchener, Ont.; Dorothy Potts, director of nursing, General Hospital, Belleville, Ont.; Cynthia Bing, assistant head nurse, Vancouver General Hospital; Mrs. K. D'Arcy Goldrick, general staff nurse, St. Vincent's Hospital, Vancouver.

Frequent meetings of the local members were held in Vancouver during the biennium and minutes were distributed to all members. Reports were received from the provincial Committees on Institutional Nursing at the times designated—January and June of each year—and these reports were incorporated into the reports to the Executive Committee.

Ida Johnson is the convener of the sub-Committee on Publications. Interesting articles from six provinces have been received and forwarded for publication each month on the special page in the *Journal*. Three provinces have not submitted any articles.

The following projects were discussed at the regular meetings of the core committee and decision was made to present them to the Executive:

1. *Geriatric Nursing Institute:* This was the unanimous choice of the core committee as an important and timely project for the provincial Committees on Institutional Nursing to consider and, if possible, adopt in the form of institutes, refresher courses, topics at annual meetings, etc. Accordingly, an enlarged committee meeting was held in Vancouver on June 28, 1949, representing 21 related associations and institutions of Vancouver and including an attendance of 31 interested persons. This was a very stimulating meeting—suggestions were received from all groups and all seemed to be of the opinion that care of the chronic, convalescent, and older patients is one of the outstanding needs at the present time. The project was, therefore, presented at the meeting of the C.N.A. Executive in November, 1949, and it was agreed that this was a project which might be adopted by each provincial committee as convenient and advisable. Letters from eight of the directors of nursing of leading hospitals across Canada confirmed the need and timeliness of this project.

Several of the provincial committees have since agreed that the topic's adoption will be considered at the monthly meetings of the provincial registered nurses' associations. *Alberta* has decided to hold a one and one-half day institute on Geriatric Nursing, preceding the annual provincial meeting in April, 1950. *Ontario* has planned an evening symposium on "The Lengthening Life Span" in April, at a special annual meeting session. A report of these will be submitted at the C.N.A. biennial convention in June.

2. *The ratio between graduate nurses and nurse aides:* This project was taken over, upon a suggestion from the Executive Committee, at the post-convention meeting in Charlottetown, in July, 1948.

Jessie Young very willingly accepted the convenership of a sub-committee to study "the most equitable ratio between graduate nurses and nurse aides, to ensure the best and safest nursing care." Miss Young's committee consisted of: Dorothy Potts; Sister Mary Grace, superintendent of nurses, St. Mary's Hospital, Kitchener; Jessie Wilson, assistant superintendent, Runnymede Convalescent Hospital, Toronto; and Carol Adams, associate director of nursing education, and Lillian Campion, associate director of nursing service, both of Kitchener-Waterloo Hospital. Dr. Sellers, medical statistician of the Ontario Department of Health, was called in, in

consultation. A questionnaire was drawn up and distributed by the provincial associations to their various hospitals. Up to February 23, 1950, of the 780 questionnaires sent out to hospitals by the provincial registered nurses' associations, 450 had been returned. Final results of the findings will be presented at the biennial meeting in June.

From the reports of the provincial Committees on Institutional Nursing, the following activities were outstanding:

1. Two institutes on ward teaching and supervision, one in Regina and one in Saskatoon, conducted by Mary Tschudin—Saskatchewan.
2. Studies on the "Brown Report"—Saskatchewan.
3. A workshop on "Workshop Techniques"—Saskatchewan.
4. An institute on ward teaching and supervision, conducted by Mrs. Tschudin in Edmonton, Alta., and attended by 150 nurses representing 35 hospitals.
5. An institute on geriatric nursing—Alberta.
6. A refresher course in floor supervision—Prince Edward Island.
7. An evening symposium on "The Lengthening Life Span," as a special annual meeting session of the Registered Nurses' Association of Ontario.
8. A three-day institute for head nurses, conducted by Gladys B. Carter, B.Sc.—Quebec (English).
9. A series of conferences on basic principles in nursing education—Quebec (French).

I should like to take this opportunity of thanking every member of the national Committee on Institutional Nursing for their willing and interested cooperation in the duties and plans of their national committee. It has been a pleasure to work with them. I should like to recommend most sincerely that the incoming committee will consider the continuing of the interest in geriatric and related nursing as a project for the next biennium.

ELINOR M. PALLISER
Chairman

Committee on Private Duty Nursing

THE CORE COMMITTEE held three meetings to discuss and prepare a manual for guidance of registries and placement bureaus for private duty nursing in Canada. All other business has been done by correspondence.

Eighteen articles were forwarded to *The Canadian Nurse* for publication on the Private Duty Nursing Page. One of these articles was in the body of the magazine—"Summary of Clinical Laboratory Procedures" by Dr. E. M. Watson of London, Ont. This article was prepared as one of the lectures in the educational program conducted by the Community Nursing Registry in London.

Many requests were received, asking for information regarding the setting up of registries, shared nursing, educational programs, financing registries, etc.

Fees for private duty nurses have been increased in all provinces—$7.00 for 8-hour duty being the most popular, with $8.00 in a few centres. In the Maritimes the fee is $6.00. A few provinces are charging 50 cents extra for the afternoon and evening periods. Most provinces are attempting to set a uniform fee throughout.

Educational programs are being conducted in several provinces. They are very beneficial and popular. Nurses from all fields of nursing are taking advantage of this method of keeping up with newer trends.

Shared nursing is increasing in favor with more nurses and patients participating in this type of service.

Financing registries seems to be a

general problem. Telephone services are being offered to related groups by many registries—i.e., doctors, visiting nursing organizations, Red Cross, etc. This, as well as sponsoring bridges, concerts, etc., has helped with finances. Fees for registry membership have been increased in most centres.

The conference for registrars and presidents of boards of directors of community nursing registries, which is conducted annually in Ontario, has been most valuable in the conduct of registry work. There are 27 organized registries in Ontario, which participate in this program by sending one or two representatives each year. This form of education has broadened the value of the registry service to the community as well as to the nurse.

There still exists a shortage of private duty nurses with many calls going unfilled. Hospitals are requesting a goodly number of nurses for relief with general staff duty to cover the shortage in that field.

BARBARA KEY
Chairman

Committee on Public Health Nursing

SINCE THE GENERAL meeting of 1948 in Sackville, four meetings of the Committee have been held. Several of the chairmen of the provincial Public Health Committees were changed in 1948 which created some delay in the activities of the provincial committees in this biennium. Ruth Morrison accepted the office of vice-chairman and Marjorie Pinchbeck the chairmanship of the Publications Committee. In accordance with a resolution passed in 1948, concerning a liaison between the C.N.A. and the C.P.H.A., the chairman of the Nursing Section of the Canadian Public Health Association, Helen Carpenter, became a member of the C.N.A. Public Health Committee.

OLD BUSINESS

Publications: With Miss Pinchbeck as convener, the committee feels that articles for *The Canadian Nurse*, although following no main theme, have all been well prepared and well worth reading. It is noted with interest the increasing number of articles on nursing in industry which have been published on this page.

There is certainly no dearth of good material but some suggestions of ways of unearthing the nurses who can and would write articles would be welcomed.

National Public Health Nursing Day: At the meeting in 1948, it was reported that a joint effort to interpret the function and work of the public health nurse in the community was being undertaken by the C.P.H.A. and the C.N.A. Committee on Public Health Nursing. This project was abandoned as being untimely after being given thoughtful consideration by members of the two committees who were to act together. A recommendation went forward to the C.P.H.A. in 1949 asking that the committee be dissolved.

Recommendations on qualifications and minimum salaries for public health personnel in Canada: A copy of the revised recommendations as prepared by the C.P.H.A. and published in the *Canadian Journal of Public Health* in April, 1949, was received. This committee has no knowledge of the extent to which these recommendations have been met by official and voluntary agencies across the country in the past two years, but in the figures published by the C.P.H.A., based on material gathered in 1948, a substantial increase over 1946 in starting salaries for positions requiring qualified public

health nurses had been noted.

The statement in the report that "the recruitment and maintenance of staff is the major problem facing agencies today" is still probably true one year later, although professional training grants under the Federal Health Grants have certainly helped in this regard. The recommendations of the Public Health Committee made in 1948 have, therefore, been met as far as revision and publication of these recommendations is concerned.

Job Analysis Study: The study conducted by the C.P.H.A., through funds supplied by the Kellogg Foundation and directed by Dr. Baillie and Lyle Creelman, was completed in 1949 and, at the time of writing, the published report has not yet been received. Each province assisted materially with this study and the findings and recommendations of Miss Creelman and her advisory committee will be of interest to all.

Training of registered nurses for midwifery: A resolution was forwarded to the C.N.A., suggesting that this matter be referred to the Educational Policy Committee, and that they be asked to include in their considerations suggestions as to the ways in which the Committee on Public Health Nursing could enter into any developments proposed. No further action has been taken by the Public Health Committee in this regard.

Current Business

Public health grants: The announcement by the Hon. Paul Martin in 1948 that health grants would be made available to each province has stimulated the work of all health agencies and made possible developments which were in the minds of many health workers as rather impossible dreams. Public health nursing has shared in making some of these dreams come true and reports received from the provinces indicate great developments in establishing new services, in enlarging existing ones, and in experimenting with special projects.

It is particularly interesting to note the number of nurses who have been awarded bursaries for study—some to obtain their basic training but many

Distribution of Public Health Nurses

	P.E.I.	*N.B.*	*N.S.*	*Que.*	*Ont.*	*Man.*	*Sask.*	*Alta.*	*B.C.*
1. No of Nurses:									
In official agencies..	7	24	41	521	615	117	89	97	218
In voluntary " ..	..	31	45	215	not	24	9	17	57
In P.H. clinics.....	1	1	92 (?)	90	stated	9	4	28	17
In industry (with and without P.H. training).....	..	..	4	260	500 app.	24	4	2	27 app.
Others.....	..	9	10	11	36	5	3	..	2
Total.....	8	65	192	1097		179	109	144	321
2. No. of meetings of P.H. Comm. since 1948.....	0	6	2	7	4	5	..	4	7
3. No. of P.H. meetings (general) since 1948.....	4	20	2	4	2	13	1	3	2
6. Bursaries awarded to P.H. personnel...	9	12	23	1*	52	9 (3 VON)	not stated	29	14

* *Only one known to chairman.*

to obtain advanced training in special fields of public health nursing.

Report of study of public health nursing activities: It is hoped that this report will be available for study at the time of the general meeting in June.

Reports from provinces: The following guide was sent to the provincial committees in January to be completed and returned for inclusion in this report:

1. Number of nurses engaged in public health nursing in your province—
   (a) In official agencies ....
   (b) In voluntary agencies ....
   (c) In public health clinics (T.B., V.D., O.P.D.) ....
   (d) In industry with P.H. training ....
   (e) Any others ....
2. Number of meetings of Public Health Nursing Committee held since June 30, 1948.
3. Number of public health general meetings held since June 30, 1948. (Include any planned before June 15, 1950.)
4. List and describe briefly any special *activities of the committee* in this biennium.
5. Describe briefly any expansion in public health in your province during this biennium (e.g., new areas opened; industry; special projects).
6. Were any bursaries awarded in your province to public health nursing personnel? Describe briefly.

A summary of the information obtained from those returned is included with this report.

4 & 5. Without reference by provinces, the following highlights were noted as special activities and expansion of public health in Canada:

(a) Opening of new clinics and health units, including mental hygiene clinics in several provinces.

(b) A new Division of Maternal and Child Health in one provincial Department of Health.

(c) Extension of Red Cross nursing stations.

(d) Addition of a public health nurse to the staff of two colleges to initiate health education courses and the addition of public health nurses to Normal School staffs.

(e) One new university school of nursing has been opened to provide the basic course in public health nursing.

(f) Health surveys of all health services have been carried out in some of the provinces.

(g) Institutes have been arranged by the industrial nurses in two provinces and institutes for supervisors and senior nurses were arranged in two provinces.

(h) Classes in home nursing, conducted by volunteer nurse instructors, were sponsored by the Canadian Red Cross in one province.

(i) One provincial committee is working towards obtaining coverage for pulmonary tuberculosis for public health nurses by the Workmen's Compensation Board.

The detailed reports from each province will be available at the meeting in June.

Conclusion: Although your committee feels that they have not been very active, it is with pleasure we note the activity of the various provincial committees. Probably the most useful function a national committee of this sort can perform is to be available to receive suggestions from provincial committees and to act as a coordinator of these suggestions. We hope we have fulfilled our function in this regard and that the incoming committee will not experience too much difficulty in carrying on where we leave off.

TRENNA G. HUNTER
Chairman

Rates by Rail to Vancouver

The Canadian Pacific Passenger Service has notified the Canadian Nurses' Association that there *will not be any excursions to Vancouver* during the period of the biennial meeting. The Standard Certificate Plan, as outlined in the March issue of this *Journal* on page 213, will afford the most economical mode of travel.

Committee on Constitution, By-Laws and Legislation

Following the biennial meeting of June, 1948, the digest of provincial Nursing Acts was revised and brought up to date at December, 1948.

In accordance with the resolution passed by the Executive Committee in January, 1949, that a more detailed directive for national committees be prepared, the general secretary-treasurer sent a draft outline of this directive to your convener in April, 1949. This was examined by your committee and comments returned to the secretary-treasurer, who has distributed the national committee manual to the provincial associations.

Amendments to By-Laws

The following amendments to the By-laws of the Canadian Nurses' Association were approved at a meeting of the Committee on Constitution, By-laws and Legislation held on February 21, 1950. They were submitted to the Executive Committee on March 10, 1950, and approved. They are submitted herewith for the consideration of the general meeting in Vancouver. For convenience, the present By-law is quoted opposite the suggested amendment thereof.

Nettie D. Fidler
Chairman

Present By-Law	Suggested Amendment
BY-LAW I **Annual Membership Fee**	
Section 2. An annual membership fee of $1.00 per member shall be collected by the Provincial Association to which each nurse belongs and shall be remitted to this Association by the said Provincial Association on March 31st, June 30th, September 30th or December 31st following the date of collection as the case may be.	*Section 2.* Commencing January 1st, 1952, an annual membership fee of $2.00 per member shall be collected by the Provincial Association to which each nurse belongs and shall be remitted to this Association by the said Provincial Association on March 31st, June 30th, September 30th and December 31st following the date of collection as the case may be.
BY-LAW II **Executive Committee** **Composition**	
Section 1 (d). Five representatives from the Nursing Sisterhoods to be chosen on a regional basis from among the Ordinary Members in such manner as may from time to time be prescribed by the Executive Committee. That the Regions be defined as follows: 1. The Three Maritime Provinces 2. Quebec 3. Ontario 4. Manitoba, Saskatchewan 5. Alberta and British Columbia	*Section 1 (d).* Five representatives from the Nursing Sisterhoods.
Section 1 (e) (vi) The Committee on Labour Relations.	*Section 1 (e)* be amended by the deletion of (vi) The Committee on Labour Relations.
BY-LAW IV **Term of Office**	
Section 2. All elected officers shall hold	*Section 2.* All elected officers, chairmen of

PRESENT BY-LAW	SUGGESTED AMENDMENT
office until the conclusion of the next General Meeting after their election. No officer shall be elected to the same office for more than two consecutive terms.	national committees, representatives of the Nursing Sisterhoods and members of the Nominating Committee shall hold office until the conclusion of the next General Meeting after their election or appointment. No officer, chairman of a national committee, representative of the Nursing Sisterhoods or member of the Nominating Committee shall be elected or appointed to the same office for more than two consecutive terms.
BY-LAW V NOMINATING COMMITTEE COMPOSITION	
Section 1. There shall be a Nominating Committee of five members, two of whom shall be appointed by the Executive Committee and three of whom shall be elected by ballot by the Voting Delegates at each General Meeting.	*Section 1.* There shall be a Nominating Committee of five members, of whom the Chairman and one other member shall be appointed by the Executive Committee and three members shall be elected by ballot by the Voting Delegates at each General Meeting. Each Provincial Association shall submit at least two names for the elected members of the Nominating Committee.
BY-LAW V CHAIRMAN AND SECRETARY	**BY-LAW V** SECRETARY
Section 2. The Chairman of the Nominating Committee shall be chosen from among its members by the members of the Committee at its first meeting. The General Secretary of the Association shall act as Secretary of the Committee.	*Section 2.* A member of the secretarial staff of the Association shall act as Secretary of the Committee.
BY-LAW V REQUEST FOR NOMINATION	
Section 3. On or before the 1st day of October preceding the next General Meeting of the Association, the Secretary of the Committee shall request each Provincial Association to nominate at least one candidate for each of the offices and elected chairmanships of National Committees in the Association, which candidate must be qualified to hold such office or chairmanship.	*Section 3 (a).* The Conference or Conferences of Sisterhoods in each Region—namely: the Maritime Provinces; Quebec; Ontario; Manitoba-Saskatchewan; Alberta-British Columbia—shall be requested to appoint from their Nurse Membership a Selections Committee. The Secretary of the Nominating Committee shall request each Regional Selections Committee to submit, by September 30th preceding the next General Meeting of the Association, the names of at least two Sisters who have consented to serve if elected, with a short biography of each person listed. *Section 3 (b).* On or before the 31st day of October preceding the next General Meeting of the Association, the Secretary of the Committee shall request each Provincial Association to nominate at least one candidate for each of the elected memberships on the Executive Committee of the Association.
BY-LAW V SUBMISSION OF NOMINATIONS	
Section 4. All Provincial Associations shall submit to the Secretary of the Committee on or before the 31st day of December fol-	*Section 4.* All Provincial Associations shall submit to the Secretary of the Committee on or before the 31st day of December following,

PRESENT BY-LAW	SUGGESTED AMENDMENT
lowing, all nominations made by them, which nominations must be signed on behalf of such Associations by the President and the Secretary thereof. Every nomination must be accompanied by a consent, signed by the person nominated, agreeing to serve if elected.	all nominations made by them, which nominations must be signed on behalf of such Associations by the President and the Secretary thereof. In submitting nominations for representatives of the Nursing Sisterhoods, Provincial Associations shall make provision that each Region is represented. Every nomination must be accompanied by a consent, signed by the person nominated, agreeing to serve if elected.

BY-LAW V
MANNER OF NOMINATING

Section 5. The Secretary of the Committee shall send a copy of all nominations so received to each member of the Nominating Committee as soon as possible after the said 31st day of December. The members of the Committee shall carefully consider all the nominations received and shall select therefrom for each office and chairmanship the names of the two candidates who have received the highest number of nominations for such office or chairmanship, provided however that if there be more than two candidates for any office or chairmanship who have received the highest number of nominations by reason of any equality of nominations among them, then all such candidates so receiving the highest number of nominations shall be so selected. As soon as the list of candidates has been so prepared it shall thereafter be known as the "Ticket of Nominations," and a copy of it, signed by the Chairman and the Secretary of the Committee, shall be sent not later than the 31st day of March following, to each Provincial Association.	*Section 5.* The Secretary of the Committee shall send a copy of all nominations so received to each member of the Nominating Committee as soon as possible after the said 31st day of December. The members of the Committee shall carefully consider all the nominations received and shall select therefrom for each elected membership of the Association the names of the two candidates who have received the highest number of nominations for such elected membership, provided however that if there be more than two candidates for any elected membership who have received the highest number of nominations by reason of any equality of nominations among them, then all such candidates so receiving the highest number of nominations shall be so selected. As soon as the list of candidates has been so prepared it shall thereafter be known as the "Ticket of Nominations," and a copy of it, signed by the Chairman and the Secretary of the Committee, shall be sent not later than the 31st day of March following, to each Provincial Association.

BY-LAW V
QUALIFICATION FOR NOMINATION

Section 7. Any person nominated for any office or chairmanship in the Association must be an Ordinary Member in good standing of the Association.	*Section 7.* Any person nominated for any elected membership in the Association must be an Ordinary Member of the Association in good standing.

BY-LAW V
NOMINATION

Section 8. No person may be nominated for any office or chairmanship in the Association except by the Nominating Committee, and no nomination may be made other than in the manner above set forth. The Chairman of the Nominating Committee shall file a copy of the Ticket of Nominations with the President of the Association before the next General Meeting of the Association, and the filing of such a copy with the President shall constitute the official nomination of the parties therein named to the offices and chairmanships in question.	*Section 8.* No name may be added to the Ticket of Nominations for any elected membership in the Association except by the Nominating Committee, and no nomination may be made other than in the manner above set forth. The Chairman of the Nominating Committee shall file a copy of the Ticket of Nominations with the President of the Association before the next General Meeting of the Association, and the filing of such a copy with the President shall constitute the official nomination of the parties therein named to the elected memberships in question.

PRESENT BY-LAW	SUGGESTED AMENDMENT
BY-LAW V PROVISION FOR ADDITIONAL NOMINATION	
Section 9. In case any of the candidates nominated by the Nominating Committee should die, refuse in writing to stand for such office or chairmanship, be unable to do so, or become disqualified in any way from so doing before any election takes place, any Voting Delegate may nominate for any such office or chairmanship any Ordinary Member of the Association whose name was put in nomination for any office or chairmanship to the said Nominating Committee, and any nomination so made must be filed with the President before the election.	*Section 9.* In case any of the candidates nominated by the Nominating Committee should die, refuse in writing to stand for such elected membership, be unable to do so, or become disqualified in any way from so doing before any election takes place, any Voting Delegate may nominate for any such elected membership in the Association any Ordinary Member of the Association whose name was put in nomination to the said Nominating Committee for any elected membership, and any nomination so made must be filed with the President before the election.
BY-LAW VI ELECTIONS AND VOTING—VOTING BODY *Section 1.* The Voting Body at each General or Special Meeting of the Association shall consist of the Voting Delegates from the Provincial Associations.	**BY-LAW VI** *By-Law VI, Section 1—Elections and Voting—Voting Body—and By-Law VII, Section 7—Motions at General Meetings—to be replaced by:* BY-LAW VI—ELECTIONS AND VOTING—VOTING BODY—MOTIONS AT GENERAL MEETINGS: *Section 1.* At each General or Special Meeting of the Association, the Voting Body shall consist of the Voting Delegates from the Provincial Associations on all questions which have been submitted previously to the Association Members and on all elected memberships. On all questions where the policy of the Association is not involved, any Ordinary Member may move, second, and vote in such manner as the Chair may decide.
BY-LAW VII MOTIONS AT GENERAL MEETINGS *Section 7.* On all questions which have been previously submitted to the Association Members only Voting Delegates shall be permitted to vote. On all other questions where the policy of the Association is not involved, any ordinary member may move, second, and vote in such manner as the Chair may decide.	
BY-LAW VI VOTING DELEGATES	
Section 2, 2nd par. Membership as used in this section shall mean members who are fully paid-up members of and in good standing with the Provincial Association in question.	*Section 2, 2nd par.* Membership as used in this section shall mean members who are fully paid-up members of and in good standing with the Provincial Association in question and for whom the Provincial Association has paid the annual membership fee mentioned in *By-Law I, Section 2.*
BY-LAW VI VOTING RIGHTS OF VOTING DELEGATES	
Section 3. Each Voting Delegate shall have, at least, one vote for each office and chairmanship in the election of officers and chairmen, and on all matters which come before any General or Special Meeting. Any Provincial Association may, however, give and grant to any one or more of its Voting Delegates the right to cast in addition to her own vote, any number of votes up to a number not to exceed for all Voting Delegates of such Provincial Association the total number of votes to which such Association is entitled	*Section 3.* Each Voting Delegate shall have, at least, one vote for each elected membership in the election of members on the Executive Committee of the Association, and on all matters which come before any General or Special Meeting. Provincial Associations having obtained the consent of a candidate to stand for office shall guarantee to that candidate the total votes of that Province. Any Provincial Association may, however, give and grant to any one or more of its Voting Delegates the right to cast in addition

PRESENT BY-LAW	SUGGESTED AMENDMENT
under the provisions of *Section 2* of this *By-Law VI*. Each Provincial Association must certify in writing under the signature of its President the number of votes which each Voting Delegate may cast, which writing must be delivered to the General Secretary prior to the commencement of the General or Special Meeting in question.	to her own vote, any number of votes up to a number not to exceed for all Voting Delegates of such Provincial Association the total number of votes to which such Association is entitled under the provisions of *Section 2* of this *By-Law VI*. Each Provincial Association must certify in writing under the signature of its President the number of votes which each Voting Delegate may cast, which writing must be delivered to the General Secretary prior to the commencement of the General or Special Meeting in question.
BY-LAW VI	**BY-LAW VI**
ELECTION OF OFFICERS AND CHAIRMEN *Section 8*. The elective Officers and Chairmen of the Association shall be elected by ballot at the General Meeting. The candidate receiving the highest number of ballots for each office and chairmanship shall be declared elected by the Chairman. For elections the polls shall be open for a period of two hours from the time that the voting commences. Each Voting Delegate shall individually cast her vote or votes.	ELECTED MEMBERS OF EXECUTIVE COMMITTEE *Section 8*. The elective members of the Executive Committee of the Association shall be elected by ballot of the Voting Delegates at the General Meeting. The candidate receiving the highest number of ballots for each elected membership shall be declared elected by the Chairman. For elections the polls shall be open for a period of two hours from the time that the voting commences.
BY-LAW VIII APPOINTMENT OF NATIONAL AND SPECIAL COMMITTEES	
Section 3. The members of all National Committees shall be appointed by the Executive Committee at its first meeting after each General Meeting to serve until the conclusion of the next General Meeting. Only Ordinary Members in good standing of the Association may be appointed to Committees. Special Committees may be appointed by the President or the Executive Committee at any time.	*Section 3*. The members of all National Committees shall be appointed by the Executive Committee at its first meeting after each General Meeting to serve until the conclusion of the next General Meeting. Only Ordinary Members of the Association in good standing may be appointed to Committees. Special Committees may be appointed by the Executive Committee at any time.
BY-LAW VIII COMMITTEE ON INSTITUTIONAL NURSING	
Section 5. The Committee on Institutional Nursing shall: (a) Implement policies of nursing education and practice as recommended by the Committee on Educational Policy and approved by the Executive Committee. (b) Be concerned with: (i) Special problems of administration, supervision and teaching in Hospitals and Schools of Nursing; (ii) Nursing Service, both graduate and undergraduate. (c) Promote public interest in Hospitals and Schools of Nursing. (d) Promote a higher standard of service through post-graduate study.	*Section 5*. The Committee on Institutional Nursing shall: (a) Be concerned with: (i) Special problems of administration, supervision and teaching in Hospitals and Schools of Nursing; (ii) Nursing Service, both graduate and undergraduate. (b) Promote public interest in Hospitals and Schools of Nursing. (c) Promote a high standard of service. (d) Establish a mutual understanding between nurses engaged in institutional nursing and other branches of the profession.
BY-LAW VIII COMMITTEE ON PRIVATE DUTY NURSING	**BY-LAW VIII** COMMITTEE ON PRIVATE NURSING
Section 6. The Committee on Private	*Section 6*. The Committee on Private

PRESENT BY-LAW	SUGGESTED AMENDMENT
Duty Nursing shall endeavor: (a) To establish and maintain a constructive and sympathetic relationship among all Nurses engaged in Private Duty Nursing in Canada. (b) To establish a mutual understanding between Nurses engaged in Private Duty Nursing and Nurses in other branches of the profession. (c) To promote a higher standard of service through post-graduate study.	Nursing shall endeavor: (a) To establish and maintain a constructive and sympathetic relationship among all Nurses engaged in Private Nursing in Canada. (b) To establish a mutual understanding between Nurses engaged in Private Nursing and Nurses in other branches of the profession. (c) To promote a high standard of service.

BY-LAW VIII

COMMITTEE ON PUBLIC HEALTH NURSING

Section 7. The Committee on Public Health Nursing shall endeavor: (a) To establish and maintain a constructive and sympathetic relationship among all Public Health Nurses. (b) To keep the Association informed upon the progress of Public Health Nursing; (c) To advance the cause of Public Health in general by fostering a high standard of service; (d) To promote a higher standard of service through post-graduate study.	*Section 7.* The Committee on Public Health Nursing shall endeavor: (a) To establish and maintain a constructive and sympathetic relationship among all Public Health Nurses; (b) To keep the Association informed upon the Progress of Public Health Nursing; (c) To advance the cause of Public Health in general by fostering a high standard of service.

BY-LAW VIII

COMMITTEE ON FINANCE

That the following functions of the *Committee on Finance* shall be included under *By-Law VIII, Section 15.*

The Committee on Finance shall:

(a) Recommend to the Executive Committee for presentation to the General Meeting a budget for the forthcoming biennium.

(b) Make recommendations with respect to financial matters to the Executive Committee.

(c) Act in an advisory capacity on financial matters to the President and General Secretary between meetings of the Executive Committee.

Re-number present Sections 15, 16 and 17 of By-Law VIII.

BY-LAW XII

AMENDMENTS

Section 1. These By-laws or any Section thereof may be added to, repealed, amended or re-enacted at any time by a majority vote of those Voting Delegates present and voting at any General or Special Meeting of the Association. Notice of any proposed amendment must be given to the General Secretary at least three months prior to the date of any General or Special Meeting at which the amendment is to be voted upon and a copy	*Section 1.* These By-laws or any Section thereof may be added to, repealed, amended or re-enacted at any time by a majority vote of those Voting Delegates present and voting at any General or Special Meeting of the Association. Notice of any proposed amendment must be given to the General Secretary at least three months prior to the date of any General or Special Meeting at which the amendment is to be voted upon and a copy

Present By-Law	Suggested Amendment
of the said notice must, within one month after the receipt thereof by the General Secretary, be mailed by her to each Association Member. The notice must contain full particulars of the proposed amendment and be signed by two Association Members as proposer and seconder respectively.	of the said notice must, within one month after the receipt thereof by the General Secretary, be mailed by her to each Association Member.

Educational Policy Committee

As one attempts to review the past two years, in the light of the tasks we set for this committee, we seem to have spent a great deal of time discussing what we should be doing. Actually very little has been accomplished, except our part in the demonstration school project and in the formulation of plans for the next committee.

During this biennium the following people have been members of the Committee on Educational Policy: Chairman, Miss A. J. Macleod; vice-chairman, Miss M. Street; secretary, Miss I. Black; Sr. J. Forest, Misses E. K. Russell, N. D. Fidler, M. E. Kerr, E. Mallory, E. Young, G. Sharpe, G. M. Hall, E. Cryderman (*ex officio*). Sub-committee conveners: Instruction, Sr. Trottier; auxiliary workers, Miss L. Fair. Four meetings have been held.

When the last biennial report was prepared, we were just ready to get underway on the demonstration school. Much of that report dealt with the preliminary steps which had been taken—the securing of a director, finding a hospital to cooperate in the proposed demonstration, and setting up the joint committee. This was known as the Demonstration School Administration Committee, comprised of the full membership of the Educational Policy Committee as well as three Red Cross representatives. Since that time, we have found it impossible, frequently, to secure a quorum. Hence, a recommendation was approved by the Executive Committee that there should be a reduction in membership of the Demonstration School Administration Committee. It now includes the three Red Cross representatives and three members representing the C.N.A. Details concerning the demonstration school will be included in a separate report.

When making my report two years ago, I referred to the questions concerning educational policy which had been discussed, such as: the training of male nurses; the relationship of the Council of University Schools and Departments of Nursing to the Canadian Nurses' Association; the value of central schools; the need for an evaluation program; curriculum content of the future; who should support nursing education; and the need of a full-time secretary for educational work at National Office. Now, as I summarize again, I realize that many of the questions are still facing us. However, we may be a little nearer their realization than we were.

Extended Membership

At the first meeting of the biennium it was proposed that each provincial association should be encouraged to appoint an Educational Policy Committee if it had not already done so, these committes to follow the national pattern of representing all nursing interests. It was also recommended that the chairmen of such provincial committees would be cor-

responding members of the National Committee on Educational Policy. These two recommendations were adopted by the Executive Committee.

Evaluation and Accreditation of Schools of Nursing

In regard to this problem, recognized as a necessary future step, it was decided that we should study the methods used by the Canadian Catholic Hospital Council in setting up its evaluation program. It was agreed that the C.N.A. should develop a good basic program of evaluation as soon as possible. Eventually this would lead to accreditation of schools of nursing. A small provisional committee was set up to study the whole question. Already some articles on evaluation have appeared in *The Canadian Nurse*. One of the work conferences is to be conducted by the members of that small committee. It is hoped that this conference may be a decisive step toward the development of a Canadian evaluation program. It is anticipated that institutes and evaluation may be an early project once the educational secretary is appointed.

Work of Sub-Committees

The question arose as to the advisability of having sub-committees, or whether it is better to appoint special committees for specific purposes, terminating them when their particular function has been achieved. At that time two sub-committees were discontinued: (1) Male Nurses; (2) Public Health Nursing Functions. This left two sub-committees: (1) Auxiliary Workers; (2) Instruction. Neither of these has been very active, although meetings have been called. However, there has not been sufficient liaison with the Committee on Educational Policy. It is believed that if an educational secretary were available to keep correspondence going back and forth to such sub-committees, they might be able to appreciate their national significance better than they do as presently constituted in the locality of the convener. They are rarely represented on the C.N.A. Executive Committee or in touch with provincial groups interested in the same problems.

At the last meeting of this committee it was decided that possibly sub-committees should exist only at the provincial level and that, nationally, only special committees should be appointed for specific studies. Consequently, it was recommended to and approved by the Executive Committee that the sub-Committee on Instruction should be discontinued. It was agreed that the sub-Committee on Auxiliary Workers should continue as such for the time being, with the recommendation that the committee make an effort to broaden the scope of its studies in order to embrace the national picture.

Educational Refresher Course

A letter was received from the Association of Nurses of the Province of Quebec concerning a proposed centralized course for a special group of European nurses. The question was raised as to whether financial assistance might be obtained to defray expenses incurred in setting up their program. It was decided to recommend that the War Memorial Fund be drawn upon up to the sum of $500 for such a purpose. The Executive Committee approved. The Quebec nurses decided, however, that they would assume full responsibility themselves. It seems to have been a very worthwhile project and, from all reports, the nurses benefitting by the program are loud in their praise and very appreciative of what has been done for them.

First Aid Course for Student Nurses

The accelerated course in First Aid, which the Canadian Red Cross Society is willing to make available to schools of nursing, has been reviewed and approved by this committee. The following motion was approved by the Executive Committee:

That the accelerated course in First Aid for student nurses, as recommended by the Red Cross Society, should be approved, in lieu of the development of the

First Aid Course by the Canadian Nurses' Association, as proposed by the Executive Committee in 1946.

Need for an Educational Secretary

It is the opinion of all the members of this committee that we should again reiterate our previous recommendation:

That an Educational Secretary should be appointed to the staff of National Office, particularly in view of the necessity for developing a national program of evaluation.

Nursing Care Study

To determine the answer to this question, "How is nursing care for the people of Canada to be provided in any health service plan?", a study is proposed. Two years ago we spoke on this subject. The outcome was a resolution sent to the provinces to enquire if the nurses believed we should seek assistance from the government for nursing education. The provincial associations agreed that government support was to be desired, providing the nursing profession was able to keep control of the educational standards, etc.

In the meantime, federal money has been made available to the provinces in the form of health grants. One of the main developments has been provincial surveys, the results of which we are still awaiting. From the comments heard and the information already available, one would gather that there is a recognition on the part of the government of the fact that nursing will be the biggest problem.

The Executive Committee directed the Educational Policy Committee to prepare a tentative study plan for discussion. The chairman drew up a possible plan, indicating the need for a study. In order to have a detailed plan available to present at this C.N.A. meeting and in order that a director for it might be appointed at an early date and the main committee be set up for a study to commence in the early autumn, it was necessary to appoint an Interim Committee. The functions outlined were:

(1) To put the plan in suitable form; (2) to estimate the overall costs; (3) to review groups whose interests should be represented on the main national committee membership; (4) to review the suggested names of possible choices for a director of the study; (5) to explore known financial resources regarding their interest and possible support of the plan.

Later it is anticipated that, if the proposed plan is approved, the main committee, as well as the Nursing Liaison Committee, will be set up to replace the Interim Committee.

The broad purpose of this project is to secure the understanding of the public in relation to the whole health service situation in so far as it affects nursing services, both professional and auxiliary. With the public's influence and support we would search for the best solution to the problem of providing the country with fully-qualified personnel in sufficient numbers to meet Canada's health service nursing requirements. We have been assured time and again that nursing has the sympathetic appreciation of the Canadian people, but that we have been too reticent to discuss our problems with the people who might see the wider implications and be in a position to initiate reforms.

During the past biennium it has been brought home to us very frequently that we need money if the C.N.A. is going to achieve any of the programs we know are long overdue—such as evaluation and accreditation of schools of nursing, independent schools, central schools, as well as better public interpretation and relations. The health of Canada is everybody's business. Therefore the preparation of sufficient people to care for the health of Canadians is everybody's business. We have come to the conclusion that the Canadian nurses must take the initiative. It is recommended that we seek financial assistance other than from government and ask representative people to act on a main committee, along with the director, and to join with us in seeking the answer to our question.

We need a blueprint of the whole Canadian scene. The provincial sur-

veys will give some of the data. Other information may, of necessity, have to be sought elsewhere. If gradually the whole mosaic can be appreciated and the correct solutions recommended, possibly the C.N.A. can still be the means of solving, with the help of interested fellow Canadians, its present dilemmas, growing in stature meanwhile, and remain master of her fate, rather than going down to mediocrity and insufficiency as some people presently fear we may. Never before was it so necessary for us Canadians to be united in our common interests and in nursing this is doubly true. We need a united front—a common trust—and a team-work attitude in order to go forward to our ever widening professional responsibilities. Therefore we in the C.N.A. must think nationally of what is best for our fellow Canadians and in serving them best we will also be serving our own best interests. The sub-executive, acting as the interim committee with Miss Fidler as convener, has prepared a plan which is the first step in setting this study in motion. I hope you will give it your most earnest consideration and approbation.

Conclusion

May I say how very much I have enjoyed my contacts in this committee and how much I shall miss them. However, if the proposed structure study brings forward a better appreciation of our responsibilities within our profession, if we achieve a national educational secretary as well as a study initiated by the C.N.A. in which we gain the support of the public, and thus move forward to the solution of many of our present problems, the members of this committee may well feel that their time was not spent in vain during 1948-50, and that our discussions served as the preparation for the new advances which we all trust Canadian nursing may take during 1950-52.

Agnes J. Macleod
Chairman

Metropolitan School of Nursing

Administration

School building: Late in August, the school moved to the new building erected by the Metropolitan Hospital and the city of Windsor. This is a very fine building. Its completion made possible the taking of another class in September, 1949. A description of the building was in *The Canadian Nurse* Feb. 1950.

Contract with the Metropolitan Hospital: It will be recalled that, by the original arrangement with the Metropolitan Hospital, the school was to assume all running expenses, while the hospital agreed to pay $200 per student per year in consideration of the nursing care given by the students in their practice. Up to the summer of 1949 this payment had not been made and it seemed that it would be very difficult for the hospital to do so. It appeared that a revision of the contract was necessary and this was made last autumn. By the new contract the school waives the $200 payment and the hospital undertakes to provide to the school light, heat, laundry, and the care of the grounds.

Students

Three groups of students have been admitted as follows:

January, 1948—13 students: British Columbia—1; Saskatchewan—2; Manitoba—1; New Brunswick—1; Ontario—8.

September, 1948—24 students: British Columbia—2; Saskatchewan—1; Manitoba—1; Prince Edward Island—1; Ontario—19.

September, 1949—24 students: Alberta—1; Saskatchewan—6; Manitoba—1; Quebec—1; Prince Edward Island—1; Ontario—14.

Of the first group, one was found unsuited to nursing and one left to be married. The remaining 11 graduated on February 18, 1950. One student in each of the remaining two groups was found unsuited to nursing.

Another class will be taken in September, 1950.

Registration

Registration examinations, Ontario: Part I, which is written ordinarily at the end of the first year of training, is written by our students at the end of eight months. The first two groups were all successful in this examination. The third group will write in April.

The graduating class were all successful in the final registration examination.

Reciprocal registration: In April, 1949, the provincial nurses' associations were asked if graduates of the Metropolitan School of Nursing would have the same privileges concerning reciprocity as the graduates of other approved Ontario schools. All the provinces have replied in the affirmative.

Curriculum

For the first class, just graduated, the curriculum as originally outlined has been followed with only minor adjustments, as follows:

Preliminary term (largely classroom work in science and nursing)	3 months
Medicine (including diet kitchen)	4 "
Surgery (including O.R.)	4 "
Psychiatry	3 "
Obstetrics and pediatrics	6 "
Tuberculosis	1 month
Public health and communicable disease	1 "
Ward administration	1 "
Vacation	2 months

Publicity

In addition to those in the press, articles about the school have appeared in 15 publications. There have been many enquiries from schools, hospitals, universities, and health departments. Since the opening of the school we have had more than 100 visitors, who came from Canada, England, the U.S.A., Europe, South America, and Asia.

Nettie D. Fidler
Director

Labor Relations Committee

Recommendations for personnel policies for nurses are well developed in British Columbia, Alberta, Saskatchewan, and Manitoba. Early in 1950, this committee was asked to draw up similar recommendations on a national basis, and I present the following statement, which has been approved by the Executive Committee for presentation to the general meeting.

May I ask that every nurse study this statement carefully. If this is ratified at this biennial meeting, the recommended personnel policies will be adopted as the official statement of the Canadian Nurses' Association.

Introduction

Nursing is a profession which exists to serve the sick and to promote the well-being of the community. In doing so the nurse is a co-worker with all others who seek to improve the welfare of mankind.

The professional nurse is prepared to assume those duties which are within the scope of her professional training but her services are limited to those for which she is prepared and public recognition of these rightful functions is essential.

The professional nurse is one whose status is maintained by registration and membership in a provincial registered nurses' association affiliated with the Canadian Nurses' Association.

The professional nurse serves all, regardless of race, creed, or social standing.

The professional nurse is committed to conduct which is consistent with a professional status in relation to her work and to her employer.

The C.N.A. is, therefore, properly concerned with defining and encouraging the adoption of those personnel practices which will promote a high quality of nursing service.

The policies set out herein are offered as a guide to both nurse employers and nurse employees in regard to Minimum Standards of Employment and Personnel Practices.

RECOMMENDED PERSONNEL POLICIES

The Canadian Nurses' Association has approved the principle of collective bargaining for professional nurses and recommends that it be done through their provincial registered nurses' association.

The following recommendations are made to all employers of registered nurses as the minimum standards of employment which have been endorsed by the C.N.A.

Conditions of employment: A definite and clear understanding between the nurse and the employer should be established regarding conditions of employment. This should be set forth in a written statement and a copy made available to both the employer and employee. It should cover policies regarding:

> Responsibilities; salaries and increments; deduction of maintenance, if any; and time required for notification of termination of engagement by (a) employer, (b) nurse. Unless there are special arrangements satisfactory to both, notification of one month is recommended, except in case of a grave irregularity.

Inasmuch as a registered nurse maintains her legal professional status by annual membership and registration in a provincial registered nurses' association, it is recommended that such membership and registration be a requisite for employment—temporary or permanent.

Orientation program for new employees: The orientation of a new nurse is important because a worker's success depends to a great extent upon the manner in which she is introduced to her job. Therefore, every effort should be made to give the information and inspiration which a new employee needs. This should *not* be left to chance. Experience has proved that time and effort invested in developing skill and good morale pay good dividends, not only in terms of efficient service, economical operation, and reduced employee turnover, but also in increased personal effectiveness, professional reputation, and goodwill.

Hours of work: The following general policies are recommended and are adaptable to any type of employment for nurses:

> 1. The maximum work week should be not more than 44 hours, the distribution of those hours to be based upon the nursing service needs of the hospital, agency, or employer.
>
> 2. Evening and night shifts should not be longer than two weeks and, where possible, a two-week period of day duty should follow each two-week period of evening or night duty, unless other arrangements are agreed upon by both the nurse and the employer. It is further recommended that the work week for evening and night duty be not more than 44 hours.
>
> 3. One full day off should be granted for each statutory holiday or in lieu thereof, namely: New Year's Day, Good Friday, Victoria Day, Dominion Day, Labor Day, Thanksgiving Day, Remembrance Day, Christmas Day, and others as may be proclaimed by civic, provincial, or national authorities from time to time.

Leave—A. *Vacations:* It is recommended that the following standards be considered as minimum for nurses:

> Vacations with pay be granted on the following basis: After one complete year of service, 21 days; after 3 continuous years of service, 28 days.

B. That specifications regarding *terminal leave* and/or termination of employment should be made by each employer and incorporated with other personnel policies.

C. *Sick leave:* The following are recommended as minimum benefits which should be given with pay:

> 1. That sick leave be granted on the basis of 12 days per year.
>
> 2. That sick leave shall be cumulative, the employer to state the maximum amount of sick leave to which employees shall be entitled. The employer may require a physician's certificate for sick leave in excess of three days.

3. That nurse employees be required to be members of a prepaid hospitalization benefit scheme.

4. That a complete pre-employment physical examination with chest x-ray and a complete annual physical examination with chest x-ray be established as routine conditions of employment for nurses.

D. *Leave of absence for studies:* It is advantageous for hospitals and agencies to establish a policy for leave of absence of nurse employees for further study.

E. *Leave of absence on salary and with expenses* for staff members to attend nurses' meetings, conferences, and special study groups is a wise expenditure as it enables nurses to increase their knowledge and to exchange experiences which will result in better service.

Salaries: These will fluctuate in relation to the cost of living index. It is, therefore, desirable that these and other conditions of employment be reviewed yearly. The following principles are suggested to minimize misunderstanding and dissatisfaction regarding salaries:

1. Gross salaries should be paid and when maintenance (complete or partial) is provided by the hospital, the nurse should pay the hospital for (a) room, (b) meals.

2. Salary schedules should be based upon an established classification of nursing duties to be performed. [*Note:* For a classification of hospital personnel, see "Job Analysis and Job Evaluation," procurable from the *Canadian Nurses' Association, 1411 Crescent St., Montreal 25.*]

3. Minimum and maximum salaries should be established for each type of nursing position.

4. Stated periodic increments should be given at least yearly, these increments to be given on the basis of satisfactory performance of duty.

5. A nurse with special post-graduate preparation and/or experience should receive a minimum of from $10 to $20 per month more than the salary of a nurse in a similar position who has not had such preparation or experience.

Residence: When circumstances necessitate residence accommodation, it should provide:

1. A residence apart from the hospital, with all living quarters above ground level.

2. A private bedroom for each nurse.

3. Adequate bathroom facilities for the use of the nursing staff only.

4. Facilities for personal laundry.

5. Facilities for social activities—i.e., living room and kitchenette.

Pension plans: Where a pension plan is not in effect it is recommended that the setting up of such a scheme, under a Dominion Government Annuity Plan, be investigated and established at an early date.

INA BROADFOOT
Chairman

Cellulose Sponges

This new product from Canadian Industries Limited, which is now being made in Canada, has possibilities for many uses in hospitals, clinics, laboratories—anywhere that a washing job has to be done. Made from specially prepared wood pulp cellulose, these sponges will hold 20 times their own weight of water. They are grit-free, soft and pliable when wet, and can be sterilized or cleaned by boiling. They float even when saturated. They can be cut to any desired shape or size—currently they are being made in five different sizes—in turtle-back and rectangular shapes. They are available through regular retail outlets.

Committee on Health Insurance

The terms of reference for this Committee as outlined by the Association were:

> The Committee shall study carefully and keep in touch with Health Insurance schemes and have information available as may be required by the Association in the event of the adoption of a general plan of Health Insurance—federal or provincial.

Reviewing governmental efforts made during this decade towards the provision of health services for all Canadians, it is recalled that in 1943 the Canadian Nurses' Association presented a brief to the Advisory Committee on Health Insurance appointed by the Federal Government. It is observed further that, in the Heagerty Draft Bill, nursing was included with certain other professional services in the event of the enactment of permissive legislation for some form of national health insurance. Although such legislation has not been made effective to date, the Minister of Health of Canada has stated that the current grants provided by the Federal Government (and spent by the provincial governments) are for the express purpose of building up services and personnel which will make possible the effective implementation of such legislation when the time comes for its enactment.

Hence your committee, supported by the provincial committees on Health Insurance, is watching current developments so that when the governments—federal and provincial—agree upon some form of permissive legislation in this field, the C.N.A. will be prepared to state what, in the opinion of the national organization, the place of nursing should be in such a plan. With this ultimate objective in mind we have sought certain general information from the provincial associations as to the place nurses have been accorded in the administration of the current provincial health surveys. Replies would indicate that in nine of the ten provinces nurses have influenced the work of the general survey committees through representation in an advisory or consultative capacity and that in three of these—British Columbia, Nova Scotia, and Saskatchewan—the provincial association was requested to name a representative to the general survey committee. Thus the extent to which nurses can influence the survey findings and subsequent action is limited in consideration of the country as a whole.

Your committee observes further that other matters, already recommended by the C.N.A. Executive, are closely associated with nursing participation in health insurance plans. These include the appointment by the Federal Government of a nurse coordinator of survey findings and a national consultant in nursing. Moreover, we are strongly of the opinion that the national association should take steps forthwith to initiate a survey of nursing throughout Canada by an acceptable and competent person.

In view of the many problems inherent in the growth of professional work, your committee urges the appointment of a qualified public relations officer at our National Office. Such a person could begin with the members of the profession itself, enlarging their concept of nursing and its potentialities in individual, family, community, national and international life, and on through to the general public so that their thought concerning the scope and needs of nursing service and education would begin to be commensurate with the demands made upon the profession.

These and other matters reviewed by the committee are put forward for your consideration in summary form through the recommendations which follow:

1. That the Committee on Health Insurance review the brief presented by the C.N.A. to the Advisory Committee

on Health Insurance in 1943 with a view to outlining what, in their opinion, should be the place of nursing in any future legislation for health insurance—federal or provincial.

2. That whereas the stated policy of the Federal Government is to use the current health grants in order first to survey the need and then to build up services and personnel through which a plan of health insurance could function effectively, your committee supports certain recommendations already made by the Executive Committee:

(a) That there be appointed by the Federal Government a nurse whose function it would be to coordinate those findings of the provincial surveys related to nursing.

(b) That there be appointed by the Federal Government a consultant in nursing.

(c) That whereas returns from the provincial associations indicate that in but nine of the ten provinces has there been nursing representation in an advisory or consultative capacity to provincial survey committees, and that whereas it would appear that in only three of these—British Columbia, Nova Scotia, and Saskatchewan—have provincial associations been asked to name representatives to the general survey committee, it is recommended that every effort be made by the other seven provincial associations to influence as best they can the findings concerning nursing and their implementation by the survey committees.

3. That growing out of a consideration of the current status of nursing in Canada and with a view to the setting up of machinery which will provide adequate health services for all Canadians, your committee affirms its belief in the basic need of a national survey of nursing as recommended by the Canadian Nurses' Association.

4. That in the meantime renewed emphasis be given the necessity for interpretation of the value of and the need for adequate nursing services to the public as a whole. To this end it is held with conviction that if nursing is to take its rightful place in the life of the nation and if the contribution of the organized profession to that end is to be effective, there be appointed to the staff at our National Office a qualified public relations officer.

FLORENCE H. M. EMORY
Chairman

Arrangements Committee

EACH MEMBER of our committee is busy, thinking and working on many details, which we feel sure will make the coming biennial meeting a really rich, professional experience for all nurses who are fortunate enough to be present. We are planning for a possible attendance of 1,500, so are making sure that there is ample accommodation for every nurse who wishes to take advantage of this educational experience.

The campus of the University of British Columbia is ideal for supplying adequate space for work conferences, exhibits, and all the essential physical equipment that is necessary for a successful convention.

The general interest sessions are under very able leadership and should prove of practical value to all who choose to observe them. The latest and best in the field of nursing equipment, for both hospital and public health nursing, is being arranged in the way of demonstrations, tours, and films. Private duty nurses are also being carefully considered.

The work conferences will truly prove a democratic experience—the educational challenge and practical assistance gained from this learning

process can well be put to immediate use by all nurses who are fortunate enough to take part.

The social side of the picture is well in hand. Arrangements are being made to fill each evening but the last with some social gathering. We hope one of the highlights will be a navy cruise of Vancouver harbor and adjacent waters, with possibly a picnic supper on board. The alumnae associations of the Victoria, New Westminster, and Vancouver hospitals are being most generous and are sponsoring an evening reception at Stanley Park. This will take place the first evening of the convention.

Likewise, the Vancouver Chapter and Greater Vancouver District Association of the Registered Nurses' Association of British Columbia are sponsoring a coffee hour at Brock Hall on the campus on the second evening. The entertainment committee is planning suitable diversions for both events, to which all members attending the convention are cordially invited. The banquet on Wednesday, June 28, should, indeed, be a gala event; it, too, will take place on the campus.

The overseas nurses are planning a drive and tea on July 1 for all of their members. Their meeting will likely be held on Tuesday evening, June 27.

We are hoping that several of the chapters of the R.N.A.B.C. and various alumnae groups, who have Vancouver branches, will be assisting us by adding that "personal touch," which will make this 25th general meeting of the Canadian Nurses' Association something never to be forgotten.

The committee trusts that the various maps that are being made ready for the use of all registering at the convention, as well as our guide and messenger system, will prove a real aid to members. We are endeavoring to secure further information on convenient eating places, trips, amusements, etc., that may be of interest to visiting nurses.

Special accommodation and transportation is being provided for all the religious sisters. We shall have a room set aside for them on the campus where they can rest and relax between sessions.

To add to the happiness of the occasion we are planning some little surprises that we know the visiting members will enjoy and be only too glad to take away as souvenirs. The nurses of the Canadian Pacific West are very proud to have the honor of playing hostess to so great a gathering.

Before I close my report may I thank all the members of my committee who are working so diligently. A very special note of gratitude should go to Sister Columkille, Alice Wright and her excellent staff at the office of the R.N.A.B.C. Without their cooperation, much of our work would have been impossible.

ALISON WYNESS
Chairman

Pediatrics Conference

A three-day conference for nurses is being organized by the Swiss Association of Graduate Nurses (in collaboration with the International Council of Nurses). This Conference will take place in *Zurich* from *July 28-30* inclusive, following the Sixth International Congress of Pediatrics. The emphasis will be on pediatric nursing and, in addition to a program of lectures, opportunity will be given to visit hospitals as well as to view exhibits and films.

The cost of the Conference will be approximately 100 Swiss francs and to this should be added the cost of travel to and from Zurich. At the present rate of exchange, 100 Swiss francs is the equivalent of approximately £9 sterling or $25 (American).

For further information write to the **Canadian Nurses' Association, 1411 Crescent St., Montreal 25.**

Committee on Student Nurse Activities

The By-laws of the C.N.A. define the purposes of this committee as follows:

(a) Encourage the organization of Student Nurse Associations in Canada and promote professional interest among Student Nurses.

(b) Endeavor to interpret to students the aims and objects of Professional Nursing Organizations.

(c) Arrange a program of interest to students at General Meetings of the Association.

To date, provincial student nurses' associations are organized and functioning in Manitoba and British Columbia. To stimulate greater interest and enthusiasm among the student nurses in professional activities, a plan for a proposed "Student Nurses' Association of Canada" was submitted to the Executive Committee, C.N.A., in November, 1949. The resolution that such an association be formed was overwhelmingly defeated. The following resolution was passed:

"That the provincial nurses' associations be urged to sponsor the policy of organizing a Student Nurses' Association in each province."

Several of the provincial nurses' associations have given some consideration to this resolution and have reported as follows:

Alberta: The formation of such an association should be brought up for discussion at the annual meeting of the A.A.R.N.

Nova Scotia: The matter has been referred to the branches for discussion and will be brought up at the annual meeting for decision.

Ontario: The Toronto Student Nurses' Association endeavored to evoke interest among the students in other communities with a view to forming a provincial association. Due to a very poor response, it was decided to proceed no further at the present time.

Prince Edward Island: Approved the principle of a student nurses' association organized under the direction of the provincial nurses' association. It was decided to postpone organizing the student nurse body at this time.

No reply has been received from New Brunswick, Quebec, or Saskatchewan.

A work conference for this biennial meeting is scheduled to discuss professional affairs.

In view of the decided opinion favoring provincial control over student nurse activities, the practicability of maintaining a national committee for this purpose is questioned.

MARGARET E. KERR
Convener

Public Relations Committee

The Public Relations Committee has, during the past biennium, attempted to develop a program in the light of its objectives:

1. To foster expanding confidence in what we, as nurses, are doing, by developing a more complete understanding of what we are trying to do.

2. To increase public confidence and understanding of nursing and the nursing profession.

The first step was to recommend the formation of provincial public relations committees. To date, word has been received from British Columbia, Saskatchewan, Ontario, New Brunswick, and Nova Scotia that this has been done. It appears that, in the main, these committees have been studying how a public relations committee might best function and handling some aspects of publicity.

PUBLICITY

Publicity, as one phase of public relations, is the type of activity that a committee can easily start. The news clippings during and since the last convention have indicated that nursing meetings and nursing affairs have news value. Not all the publicity has been desirable but the major portion of it indicates that nursing has a significant role to play in the social developments of the present day. Governments and the general public are increasingly aware of this.

Only a small part of the publicity concerning nursing has been the result of committee action. However, this committee did appoint a press liaison officer in Montreal. Miss M. Burton has given a great deal of time to developing contacts with the press and radio.

Particularly noteworthy was her work at the time delegates were leaving and returning from the International Conference in Sweden. In addition, releases on displaced persons and the Canadian Nurses' Association and Canadian nurses leaving for positions with the World Health Organization, etc., were arranged. Many hundreds of dollars of free publicity has been obtained.

The committee itself has been instrumental in arranging for articles for publication in magazines and the press. The efforts in this direction are being continued but we depend on volunteer authors. Their cooperation is greatly appreciated but the avenues for release far outweigh the material readily available.

National Office staff has spent a great deal of time preparing publicity material. Working with the press liaison officer, providing material for various agencies, such as the Department of National Health and Welfare, revision of pamphlets, etc., are examples. Further plans on the development of recruitment literature and films are under consideration.

The committee has attempted to develop contacts with various publicity resources such as radio. However, the efforts have been, in the main, attempts to counteract adverse publicity rather than take positive action. This points out the impossibility of developing a satisfactory program without sufficient staff to do the detail work. It takes time and skill to prepare articles, scripts, press releases.

Relations with Outside Organizations

Contacts with the Joint Planning Commission of the Canadian Association for Adult Education—with a membership of 85 organizations, 65 strictly national in character—should be invaluable. This provides an opportunity for understanding and interpretation to such organizations as National Citizens Forum, National Farm Radio Forum, Canadian Citizenship Council, Canadian Teachers Federation, etc.

The C.N.A. Executive has approved a recommendation of this committee to the effect that contacts with these organizations be coordinated through a study by the Public Relations Committee of reports presented by representatives of the C.N.A. to other national organizations.

Public Relations Within the C.N.A.

It is a matter of some regret that the committee has been unable to develop a program that would further the first objective of this committee. It is recognized that a large proportion of the activities of the C.N.A. might be defined as Public Relations. However, the committee has reiterated the need for more personnel to further develop some of the activities that would foster improved internal relationships and growth in the understanding and participation of the membership at large.

Much of these first two years of the committee's existence has been spent in trying to find the most effective way to develop its program. It is felt that the solution for some of the problems facing the committee is, to a large extent, outside its terms of reference. It is, therefore, recommended to the C.N.A. Executive that consideration be given to the possibility of having a structure study of the Canadian Nurses' Association undertaken. Such a study should, among other things, give this committee a clearer indication of the needs and resources of the C.N.A. for the development of a sound public relations program in the future.

There is every indication that nurses are being recognized as important to the full development of a national health program. To take their rightful place, each member of the profession must enlarge her concept of nursing and its potentialities in individual, family, community, national and international life. With confidence in ourselves we can push on to the interpretation of the value of and the need for adequate nursing services to the public as a whole. The public expects nursing to adjust to the changes coming very rapidly in this country and in the world. If nurses do not evaluate what they are doing and develop standards and programs suitable for the needs of today, the solution will, by public demand, be found by others.

Are we prepared to leave our future, and the future of the public we serve, to others motivated by expediency? Or are we ready to make a critical analysis of what we are doing, what we want to achieve and, by so doing, set our house in order? If so, then we may take the public into our confidence, assured of their support. On such a basis the Public Relations Committee could work to find the methods by which we may accomplish our objectives.

HELEN G. MCARTHUR
Convener

In the history of the world, there have been ten years of war to every year of peace.

Exchange of Nurses Committee

During the past two years the committee has received three kinds of enquiries: some asked for a straightforward exchange of position; others wished positions in which the educational facilities offered by the committee would be observed; the rest simply asked for employment.

The enquiries resulted in the placement of 16 nurses. A description of the arrangements made for their experience is presented:

Reciprocal exchange: There has been none. However, the committee is pleased to report that proceedings for an exchange are underway between an English and a Canadian public health nurse. Their respective organizations have endorsed the exchange if the requirements of each can be met.

Appointments to positions under the auspices of the committee: A British public health nurse was assigned to the Victorian Order of Nurses (Ontario). A Canadian public health nurse joined the nursing staff of the Queen's Institute of District Nursing (London) and a Chinese nurse was admitted to the staff of the Toronto General Hospital.

Employment: Five nurses obtained positions independently although the initial enquiries came to the committee. Four of the five were British nurses who obtained positions in Canada and one was a Canadian who found employment in the United Kingdom.

A great deal of the effort of the committee has been unproductive for one reason or another. Some enquiries became applications only to be withdrawn after using the time of the committee and the organizations with which negotiations for positions were proceeding. A true exchange, that is, position for position, seems to be impractical because the demands of apparently similar jobs are different and, therefore, the preparation for them is also.

The opportunity afforded by the committee has been given little publicity because of the universal shortage of nurses and also because there is an element of "the selection of candidates" attached to the aims of exchange. And, finally, the agreement which candidates have been asked to sign has proved a source of irritation. (It should be noted that such an agreement is not required by the Exchange Committee of the International Council of Nurses.)

It is evident then that, in the light of the experience of the last two years, a review of the aims and functions of the committee is necessary. The review is now in progress.

NORENA S. MACKENZIE
Convener

Committee on Archives

One meeting was held at which time we discussed the scope of the work of archivists and decided that we should interview authorities in the field. Sister Forest approached the record-keepers of the Grey Nuns organization with which she is associated and I interviewed Dr. D. C. Harvey, director of the Nova Scotia Public Archives in Halifax. The following suggestions are now presented for consideration.

For the type of material of interest to the Canadian Nurses' Association a union catalogue is recommended. This catalogue is set up as follows: Any hospital, institution, public health agency, or individual in possession of documents or museum pieces would advise the C.N.A. and the archivist would then make a card identifying the owner, document, and where kept. This is the system now being initiated by Dr. K. Lamb, director of the National Library Plan.

For documents owned by the Canadian Nurses' Association, a separate file or distinctive-colored card in the union file would identify C.N.A. material. The display of museum pieces or photographs will depend entirely on the physical space available in the office. Some type of filing boxes or folders, rather than paper-wrapped parcels, is recommended for filing. The Public Archives has the box or folder made to order for their various purposes. The important thing is

that it is dust-proof. It was suggested that old and precious documents in handwriting, such as the Florence Nightingale letters, etc., might be photostated in addition to filing the original copy.

The selection of material will be really the most difficult and time-consuming aspect of the archivist's task. There is a distinction made between museum pieces, such as medals, photographs, busts, bricks, etc., and a true archive which, according to the dictionary, is defined as "a record preserved as evidence; or (in plural) records of historical value pertaining to a nation or family."

Thus, records which a school of nursing might rightly consider of historical value to their institution would not necessarily be of historical value to the C.N.A. and thus would not be valid for cataloging in the C.N.A. archives.

It might be feasible for the Canadian Nurses' Association and provincial registered nurses' associations to work out a uniform system of topics under which each provincial association could keep its records and the C.N.A. have an identifying card under the same topic. The interests of the C.N.A. might be divided according to:

A. *Education:*

1. School of nursing—general, independent, university, curricula, records, personnel policies, residences, etc.
2. Qualifications—various positions, administration, public health, industry.
3. Legislation — international, national, provincial.
4. Scholarships—sources, amounts, where taken, etc.

B. *Service:*

1. Hospitals—architecture, personnel, administration, etc.
2. Public health agencies—programs, etc.

C. *Other:*

1. Literature—*The Canadian Nurse*, books by Canadian nurses, etc.
2. Military records
3. Citizenship honors—O.B.E., etc.

Or, division might be made according to type of institution and agency:

1. Schools of nursing—general, university, etc.
2. Departments of Health—federal, provincial, municipal.
3. Voluntary agencies—e.g., Canadian Red Cross Society, V.O.N., etc.
4. Hospitals—general, tuberculosis, mental, special, etc.
5. Professional organizations — I.C.N., C.N.A., R.N.A.'s, C.P.H.A., etc.

Or, yet another approach might be according to activities as represented by the titles of the national committees.

We realize that these suggestions must seem vague but the magnitude of the task overawed us when we discussed it with trained archivists! The points which our advisers emphasized were: the selection of material, simplicity of cataloging, and suitable dust-proof filing of documents in our possession.

E. A. ELECTA MACLENNAN
English Archivist
SISTER JEANNE FOREST, S.G.M.
French Archivist

Quebec Industrial Nurses

At the three-day conference on Industrial Nursing, planned for *May 15, 16 and 17*, to be held at the McGill School for Graduate Nurses and sponsored by McGill University and the Association of Nurses of the Province of Quebec, discussion will centre around topics which have been requested by nurses in industry, concerning such aspects as:

The Role of the Nurse in Industry; The Industrial Nurse and Community Relations; The Relation of the Industrial Nurse to the Workmen's Compensation Board; Interviewing and Counselling; Opportunities in Home Visiting; Visits to Local Industries.

Some of the participants in this program include: Miss Mildred I. Walker, Senior Nursing Consultant, Industrial Health Division, Department of National Health and Welfare; Dr. K. C. Charron, Chief, Industrial Health Division, Department of National Health and Welfare; Dr. F. J. Tourangeu, Director, Division of Industrial Hygiene, Department of Health, Province of Quebec.

A registration fee of $8.00 for the entire program, $1.50 per session, is payable by cheque before *May 8*. Cheques should be made payable to *Miss Ann Peverley (in trust)*. For additional information write to her in care of **McGill School for Graduate Nurses, 1266 Pine Ave. W., Montreal 25.**

Loan and Bursary Committee

Six loans were granted during the past two years. Members ranging from Alberta to Quebec were the recipients and the amounts involved ranged from $500 to $250.

One bursary was awarded. This was for $250.

The work of the committee has been comparatively light and frequent meetings have not been necessary. This may be explained by the fact that our policies regarding loans and bursaries are well defined and the qualifications necessary are clearly stated. Then, too, applications have not been too numerous. However, as veterans use up their D.V.A. credits there may be more demands on our funds.

CATHERINE L. TOWNSEND
Convener

The financial statement from May 1, 1948, to February 28, 1950, follows:

Bank Balance as at May 1, 1948		$5,566.44
Receipts		
Loan Repayments	$3,485.80	
Refund of Government Grant Bursary, credited to loan account	205.00	
	$3,690.80	
Bank Interest	56.31	3,747.11
		$9,313.55
Disbursements		
Loans Granted (6)	$2,250.00	
Bursary Granted (1)	250.00	
Stationery	7.84	$2,507.84
Bank Balance as at February 28, 1950		6,805.71
		$9,313.55

War Memorial Committee

Following the discussions at the 1948 biennial convention, it was decided that the next step in this committee's activity was to secure a capable translator who would translate the explanatory sections of Rothweiler's "Nursing in Pictures" into German. Permission was secured from the publishers, F. A. Davis Co., Philadelphia, to make the translation. Mrs. Marja Sukiennik of Montreal was engaged to do the work which took several months. The Herald Press Limited generously printed and bound the book at a very special price of $1.00 per copy when its purpose, and the auspices under which it was being sponsored, was explained to them.

Nineteen hundred copies of the German translation and 100 copies of the English volume were sent to Germany; 720 copies of the German and 20 copies of the English book were sent to Austria. Receipt of the latter has not been acknowledged. The letter from Schwester Ruth Schramm, executive secretary of the German Nurses' Association, indicates the sincerity of their gratitude. She says, in part: "In the name of the Nurses of the Deutsche Schwesterngemeinschaft, I want to tell you our very heartily thank for this enormous large present that the Canadian Nurses gave to us German Nurses. We are delighted of the book and find the whole

idea of you splendid . . . The students will be enchanted to learn after this very good scheme of yours . . . I beg you once more to tell all the Canadian nurses how very thankful we are."

It will be recalled that, beginning in August, 1946, some 50 subscriptions to *The Canadian Nurse* were sent to nursing leaders in various war-torn countries. The committee deemed the extension of this plan, to include a number of the schools of nursing in these countries, would bring up-to-date information regarding nursing practice to the nurses more regularly than additional nursing texts. Moreover, it would serve to inform the nurses of the activities of the Canadian Nurses' Association. Letters were sent to a dozen countries asking for lists of prominent schools. Four-year subscriptions were purchased for 172 individual nurses and schools of nursing.

Several requests have been received from schools of nursing in France and Italy for a variety of textbooks in the French language. Fortunately many of these are readily available and have been shipped.

The committee was authorized by the Executive Committee to send wall charts as teaching aids to many of the schools of nursing. As this report is written, negotiations are underway with the Denoyer-Geppert Co. of Chicago to supply some $10,000 worth of a very fine set of anatomical charts to be shipped by them at our direction.

The bank balance for this special fund at January 23, 1950, was $16,145.43. After the wall charts are paid for, it is proposed to spend the balance of the fund on additional texts which will be sent, together with the used books now on hand, to various countries.

MARGARET E. KERR
Convener

In the Good Old Days

(The Canadian Nurse, May 1910)

"Judging from the little I could find written on the subject of noise in hospitals, I think it is one that has been neglected both in theory and practice. Have you not heard the slamming of the door, the doctor's stentorian 'good morning,' the stumbling of the visitor as he slowly mounts the stair, the laughing chatter of some idiotic house surgeon or sillier nurse, the moaning of the operative, the crying of children, the whistling of the staff, and the thousand other noises which may be within our walls?"

* * *

"The medical and surgical wards should be separated from each other. A recovery room will be necessary off each surgical ward in order that convalescents and others may not be subjected to the depressing influence of the post-operative patient recovering from chloroform."

* * *

"Seventy-three hospitals have received government aid in Ontario and not one of them has closed its doors. After the first year or two of operation, I have never heard any place regret the establishment of a hospital. Hospitals are here to stay. All progressive centres must have them. The government grant is 20 cents per patient per day for the first ten years, so that if all your 12 beds are occupied all the year you would get about $800."

* * *

"The Sisters of the Hotel Dieu in Montreal are considering the building of a new hospital under English-speaking management. It will cost about $100,000 and a site has already been offered to the Sisters."

* * *

"An Act to incorporate the Nova Scotia Graduate Nurses' Association, introduced before the Legislative Assembly, has been approved by the Bills Committee and passed."

* * *

"The Nova Scotia Hospital at Dartmouth was the second institution in Canada to establish a training school for nurses in connection with the care of the insane."

Tin was the first metal used by man.

Provincial Association Highlights

While this issue is devoted largely to the reports of national committees, no such record would be complete without a summary of how the federated bodies that compose the C.N.A. —the provincial nurses' associations —are dealing locally with the various developments that are the true picture of nursing activity today. Rather than publish each provincial report separately this compilation will show how certain trends are common to all parts of our country. There are some differences also which are noted.

Legislative action: The provincial acts under which the associations function are a vital part of the nursing picture. New Brunswick's nursing act was revised in 1949. Prince Edward Island nurses petitioned for a licensing act which came into effect on January 1, 1950. Alberta nurses amended their by-laws to provide for two types of non-practising membership—associate and inactive. Over 1,700 nurses responded to the letters, 891 of whom held associate membership last year. Manitoba and Nova Scotia have studied their present act, constitution and by-laws, preparatory to redrafting them. Ontario nurses were unable to secure legislative presentation of their proposed bill. The association is endeavoring to find an approach that will meet with governmental approval without compromising the objectives of the association. Ontario has also made provision for associate memberships in its by-laws.

Legal assistance: The R.N.A.O. is the first to make provision for legal service to its members. Through their provincial office, members have access to legal advice in connection with any matter arising out of the practice of nursing. The association does not undertake the active conduct of legal action, nor does it undertake to pay costs or damages arising out of litigation but the official solicitor will advise on request.

Registration: British Columbia continues to attract a very large number of nurses from every province and many countries. There were 409 applications for reciprocal registration granted in 1949. B.C. is experimenting with the registration examinations set and graded by the National League of Nursing Education with gratifying results. In Quebec, applications for licensing under the waiver clause of the Licence Act terminated December 31, 1948. Special classes have been arranged in Quebec to enable nurses, who entered Canada as displaced persons, to qualify for their registration examinations. The Saskatchewan regulations require that "all graduate nurses on a hospital staff shall be registered under the Registered Nurses' Act and be members in good standing of the S.R.N.A."

Both New Brunswick and Prince Edward Island have plans for the institution of qualifying examinations at the end of the first year of training. This program is already functioning in most of the provinces.

Curriculum revision: British Columbia, Manitoba, Quebec, New Brunswick, and Prince Edward Island have had committees at work drawing up or revising the minimum curriculum for schools of nursing. Quebec reports that no minimum has yet been established.

Affiliation programs: Several new developments have taken place during this biennium. Courses in tuberculosis nursing have now been made available for a limited number of student nurses in Alberta and Saskatchewan. An affiliation program is also operating in psychiatric nursing in those two provinces. Saskatchewan has a new development, too, whereby some students have an opportunity of receiving supervised experience in small rural hospitals.

Dominion-Provincial Youth Grants: These are available to student nurses in most provinces. Ontario tried unsuccessfully in 1948 to secure this form of assistance.

Personnel practices: Several prov-

inces have had an approved schedule for salaries, hours of work, sick leave, vacation, etc., as applied to graduate staffs for some years. Ontario has drafted a report, embodying recommendations regarding these measures for presentation to their annual meeting this year. New Brunswick recently set up a committee to draw up personnel policies for student nurses.

School visitor: Alberta has had the appointment of such an officer under consideration for some time. As soon as a suitable person can be found to undertake the work, an appointment will be made there. New Brunswick and Prince Edward Island have agreed on the feasibility of making a joint appointment. The matter is still pending in Nova Scotia.

Refresher courses: With a view to keeping their members fully informed on new trends and techniques, every provincial association has conducted one or more institutes during this biennium. Nursing forums have been developed in a few isolated localities.

News bulletins: Some means of communicating directly with individual members is in effect in most of the provinces. Quebec launched a semi-annual bulletin in 1949. Alberta nurses approved the use of paid advertising as a means of defraying bulletin publication costs.

Auxiliary personnel: Courses are approved in most of the provinces for the training of auxiliary workers under the Canadian Vocational Training plan. Nova Scotia has decided to defer approval of such training until some satisfactory means is provided for regulating the standards and practices of such practical nurses. Prince Edward Island reports the auxiliary personnel are interested themselves in securing licence legislation.

Nursing surveys: These have been or are in process of being made in several of the provinces. Nurse representation on the Health Survey Boards was requested by the nurses' associations and in most provinces was granted. Saskatchewan reports that a cost analysis of nursing education versus nursing service has been undertaken in two schools of nursing. No data have been released yet. The Saskatchewan nurses are also represented on a provincial sub-committee on hospital construction.

Miscellany: British Columbia secured the approval of the College of Physicians and Surgeons for a course for registered nurses in the *administration of intravenous medications.* After a special committee of three doctors had drawn up a list of drugs which could be administered by nurses with safety, a special committee prepared a course outline which has been approved by the R.N.A.B.C. The course will soon be available to selected nurses.

The *industrial nurses* of Ontario have organized as a separate committee within the framework of the R.N.A.O. and will receive a grant from the association similar to that now given the other special interest committees.

Special *disability insurance* has been made available to the members of the nursing associations in Ontario and Quebec. The premium cost is 30 to 50 per cent below the rate of ordinary individual plans. The plan provides income protection to the extent of $75 a month for one year in cases of disability from sickness or accident. It covers pre-existing conditions and has no exceptions to coverage except suicide, maternity, and military service.

New *provincial executive secretaries* have been appointed in several provinces during the biennium. Alberta, Ontario, Prince Edward Island, and Quebec have installed new officers following the resignation or retirement of former personnel. Saskatchewan has appointed an assistant registrar.

Christian Fellowship

Congratulations to the newly-formed Vancouver Graduate Nurses' Christian Fellowship. A similar group has recently been formed in Victoria, meeting every other Friday at the home of *Miss Nancy Wright, 2095 Oak Bay Ave., Victoria, B.C.* Visiting graduates are invited to contact us at this address by phoning *Garden 4945.*

Nursing Profiles

Marion Lindeburgh, O.B.E., one of the outstanding leaders of nursing in Canada, on May 12 will receive the degree of Doctor of Science (*honoris causa*) at the annual convocation and graduation exercises of the University of British Columbia, Vancouver.

The heritage of an Irish mother and a Danish father mingle in Miss Lindeburgh. Born in rural Saskatchewan, life was not easy but it held no insurmountable barriers for the girl who, while still in her teens, completed her normal school training in Regina and commenced her long career as a successful teacher. In a spirit of gay adventure, Miss Lindeburgh spent 12 years enlightening the youth of Saskatchewan in rural and urban schools. Nothing was too much trouble—whether it was functioning as her own janitor, even to shovelling snow, or organizing Christmas parties and concerts for her school children.

During World War I, the urge to become a nurse seized Miss Lindeburgh. Not content to enter just any school of nursing, she weighed the facilities offered by many. Her choice was for St. Luke's Hospital School of Nursing, New York. Following graduation in 1919, she worked there successively as head nurse, clinical supervisor, and night superintendent.

Her pioneering spirit would not let Miss Lindeburgh linger for more than three years in the relative security of a large urban hospital. In 1922 she returned to her native province and travelled far, teaching the principles of good health to the children of the rural schools. Her skill and enthusiasm soon won a place for her as instructor of health education at the Regina Normal School. She set a high standard of health knowledge and attitudes among these embryo teachers which is still reflected in the excellence of Saskatchewan's health program.

Notman, Montreal

MARION LINDEBURGH

In 1929 a new challenge faced the alert mind and iron will of Miss Lindeburgh. She accepted the position of assistant to the director of the McGill School for Graduate Nurses. Shortly after, when the rigors of the depression threatened the very existence of the School, Miss Lindeburgh moved up into the directorship. Her organizing ability was put to a severe test in the years that followed as she sought and won the cooperation of the graduates of the School in providing the financial support needed to keep the School in operation. Her dynamic personality overcame countless threats to the School's stability. Its standing today as an integral part of this ancient university is due to Miss Lindeburgh's unquenchable faith in the School's destiny.

As if that were not enough effort for one mere mortal, Miss Lindeburgh spent many of her summer vacations during the '30's in study at Teachers College, Columbia University. She received both her bachelor's and master's degrees during this time. Even this activity did not occupy all her energies. In 1934 she became chairman of the Nursing Education Committee of the Canadian Nurses' Association and for eight years skilfully directed the studies which culminated in the imposing tome "The Proposed Curriculum for Schools of Nursing in Canada" and, later, the "Supplement to the Curriculum."

In 1938, Miss Lindeburgh assumed the office of second vice-president of the Canadian Nurses' Association. The hectic pressures of the busy days during World War II brought many problems to her tenure of the C.N.A. presidency from 1942 to 1944. During this period, in 1943, her distinguished service to Canada was recognized when she received the award of Officer of the Order of the British Empire from His Majesty. The Canadian Nurses' Association presented her with its

highest award—the Mary Agnes Snively Medal—in 1944, in recognition of her sterling professional contributions.

Life is not all a round of work to Marion Lindeburgh. The hundreds of students who have shared the friendly hospitality of her home know well how she loves to cook and bake. She has found time for relaxation in quaint, obscure spots where she hiked, cycled, and swam her way to vigor. Her generosity, her kindness and thoughtfulness have endeared her to countless persons who treasure the thought that "Miss Lindeburgh is my friend."

Van Dyck

GRACE JOHNSON

Grace E. Johnson is director of nurses at the new Maternity Pavilion of the Winnipeg General Hospital. Born in Manitoba, Miss Johnson graduated from W.G.H. in 1933. She was a head nurse in the maternity department from 1934 until her enlistment with the R.C.A.M.C. in 1940. She served as a nursing sister in Canada and England with the neurological and plastic surgery units. Following her discharge, Miss Johnson was assistant superintendent of nurses at W.G.H. for a year before enrolling with the McGill School for Graduate Nurses. There she secured her Bachelor of Nursing degree in 1949, majoring in administration in schools of nursing.

Helen Jean Lynds, who is the superintendent of the Miramichi Hospital, Newcastle, N.B., has had an interesting variety of experiences. Graduating in 1924 from the Calgary General Hospital, she engaged in private nursing in centres in Alberta and New Brunswick for three years. In 1929 she joined the staff of the Saint John Tuberculosis Hospital, followed by a couple of years at Dobbs Ferry, N.Y. She returned to private duty in Calgary in 1933. Five years later she joined the group of Canadian nurses who went to South Africa. For a year she was a staff nurse on the dermatological ward of Groote Schuur Hospital. In 1939 she became night supervisor at the Somerset Hospital in Cape Town shortly after it was opened as the first training school for colored girls. She returned to Canada late in 1945.

Beatrice Mary Hadrill, who retired from the superintendency of Miramichi Hospital, Newcastle, N.B., last year, received her Arts degree from McGill University in 1912. Graduating from the Montreal General Hospital in 1917, Miss Hadrill has had a varied career in many branches of nursing—general duty, private duty, industrial, orthopedic supervisor, teacher, superintendent. She enrolled with the McGill School for Graduate Nurses and received her certificate in teaching and supervision in 1931.

Miss Hadrill has returned to her native province of Quebec and has built herself a home, modelled on her own plans, at St. Andrews East, where her many friends are certain of a warm welcome.

HELEN LYNDS

The longest words in the English translation of the Bible are "commandments" and "testimonies."

Public Health Nursing

Strengthening the Home Visit

SYRETHA MILLEY

Average reading time — 2 min. 48 sec.

A QUESTION that keeps recurring, and is indeed uppermost in the minds of many public health nurses, is "*Why do patients with tuberculosis act as they do?*" We are sad and provoked when a clinic appointment is not kept. We go over and over our visits with these patients, trying to find out where we failed to establish a rapport.

This same question evidently troubles the American nurses as well, for in the December, 1948, issue of *Public Health Nursing* there is an editorial called "Tuberculosis Control: A Challenge to Nurses," in which the same question is asked:

> Why do T.B. patients act as they do? How can we come to understand them, help them, and motivate them more effectively? No professional person is closer to these patients than is the nurse. No one group can concern itself with this aspect of the problem to better purpose than the nursing group . . . Tuberculosis, so old and still so much with us, offers a fertile ground for research in which the last few years have been especially rich—the value of streptomycin; world-wide studies of B.C.G. protective vaccine are in progress.

Then the editor makes the most important statement for nurses when she says: "A great area for research in the field of *interpersonal relations* is still untouched."

As students in public health nursing at the university, we were given very full and comprehensive notes. They are valuable today and are here appended in the hope that, by thoroughly digesting them, we may be able to answer the many questions that bother us, when we have not succeeded in selling the urgency of tuberculosis control to a patient and his family. "Nurses must assume their place in tuberculosis control and this place must be among the *leaders*, *planners*, and *doers*. The world-wide program depends on us. The challenge is great; let us be determined we shall meet that challenge."

Prepare for the visit by study of whole family: Know thoroughly previous problems and contacts. Consider the whole family instead of individual problem. Summarize and make notes on family needs.

Make a friendly, cordial, informal approach: Use commendation generously. Avoid a critical, dictatorial attitude.

Adapt content and method to situation: Teach simply, reinforcing by repetition if necessary. Use literature in connection with explanations. Demonstrate procedures. Leave important directions in writing.

Watch for opportunities to cooperate with other agencies: Encourage family to assume its own responsibilities. Determine assistance needed according to situation. Give full information to assisting agency.

Keep a complete record as basis for future work: Describe situation. State constructive work done or advice given. Indicate further needs.

Evaluate visit as means of professional growth: Was family regarded as unit? Was contact friendly and constructive? Was response favorable? Was social cooperation furthered?

Mrs. Milley is a public health nurse with the Stormont-Dundas and Glengarry Health Unit, Cornwall, Ont.

Butterflies taste with their feet (originally called "flutterbys").

Institutional Nursing

The Paraplegic Patient

E. McKean

Average reading time—8 min. 6 sec.

FOREWORD

The nursing of "paraplegics" has not changed to the individual patient but the overall concept has. The change is due to war experience—for example, the United States Army had just over 1,500 paraplegic war veterans. For the first time there was a large number of paraplegics who lived, due to better medical services, and from this evolved the rehabilitation of a paraplegic, and thus our whole treatment is aimed at putting a paraplegic person back into gainful employment.

It was found that having all paraplegics together from the beginning led to much improved morale and, from then on, they demanded the best that medicine and nursing could give them. No longer were they the forgotten men in the corners of the accident wards where the nurses kept them alive. It became a team job and in the case of the Vancouver General Hospital Paraplegic Service every department of the hospital has been consulted —even the administration, who had to approve the cost of the extra diet and the fire regulations for unusual ward equipment.

The specialties of genito-urinary and plastic surgery have probably added most to the surgical recovery of the paraplegic, but it is team-work that gives the best end-results—where the nurses are enthusiastic and relay the small signs and symptoms to the doctor in charge, while he, in turn, conducts a daily ward round, picks and chooses the specialists required for the individual, and keeps the patient on the upgrade all the time. The dramatics of the closing of a large decubitus ulcer are as naught if the patient has not been hounded for weeks to eat and the doctor has not seen that the serum protein and hemoglobin, etc., are adequate to undergo the operation.

It is because of the appreciation of the enthusiasm of the nurses of our "paraplegic" service that it gives me much pleasure to write a foreword to Mrs. McKean's article.

Dr. W. A. MORTON,
Physician in Charge of Paraplegic Ward

The care and treatment of paraplegic patients as a group was started at the Vancouver General Hospital in February, 1947. The average number of these patients on the ward has been about 20. The majority of the patients are between the ages of 20 and 30, mostly males. Their stay in hospital usually has been 9 to 12 months. The staff consists of 3 graduate nurses, 4 orderlies, 13 nurse aides, and one practical nurse student.

Rehabilitation is stressed from the beginning of the treatment. Dr. W. A. Morton is in charge of the paraplegic patients and takes a great interest in their treatment and in every aspect of rehabilitation. Much time is spent by the Social Service Department and by members of the Workmen's Compensation Board in planning for rehabilitation, which means frequent visits to the patients.

A "walking school" is conducted in the Department of Physical Medicine by Mr. Martin Berry, chief instructor of the Canadian School of Physical Re-education in Vancouver. The staff of this school also gives daily instruction on the ward.

Mrs. McKean is head nurse on the ward for paraplegic patients at the Vancouver General Hospital.

All the doctors have taken a special interest in teaching the orderlies to take care of these patients, to give daily saline baths, to dress decubitus ulcers, and to do catheterizations and tidal drainage, etc. General nursing care, dressings, and medications are carried out by graduate nurses and nurse aides. All genitourinary work is checked regularly by a member of the visiting staff. This is a real and constant problem with the paraplegic patient. Members of the visiting and consultant medical staff of the hospital are called for consultation.

Routine on admission: A patient with fractured spine is usually kept in bed three to four months and then, if the x-ray is satisfactory, he is allowed up in a wheel-chair and to the bath. While in bed, he will have had daily instruction in remedial exercises for the arms. His special treatment includes:

1. High caloric diet with added protein such as essamine or protonol in drinks.
2. Weekly urinalysis.
3. Enema every second day until the patient is getting up and then simple suppositories daily in place of enema.
4. Supplivites—2 t.i.d. It is noticeable how few medications are required.
5. Patients are allowed rubbing alcohol at the bedside and are encouraged to rub their own hips.
6. Tidal drainage with the Foley catheter is started to encourage an automatic bladder. This is not always entirely successful but it helps to counteract the formation of stones in the urinary tract. Acetic acid solution ½% is used for this. It is imperative that the catheter be removed and tubing taken apart, cleaned, and sterilized every week.

ROUTINE EXAMINATIONS

1. X-ray of the spine will show the level of the lesion and the progress of healing.
2. Intravenous pyelogram to check for stones of bladder or kidneys. In many instances these have been found and removed.
3. Blood count.

COMPLICATIONS

1. The greatest danger is pressure sores. These can develop very quickly on account of nerve injury. Patients with pressure sores have been brought from long distances to be treated by skin graft.
2. Bladder infection and renal calculi.
3. Dropped feet will develop quickly if feet are not protected by foot-board and kept in good position.

TREATMENT OF PRESSURE SORES

1. Saline tub-baths daily.
2. Cleansing with Dakin's dressings or pyruvic acid jelly.
3. Rotation flap or skin graft.

ROUTINE FOLLOWED FOR OPERATION

Rotation flap for decubitus ulcers:

A. *Pre-operative care*

1. Hemoglobin check and if below 70% blood transfusions are given.
2. Sulfasuxadine for 3 days preoperatively, starting with Tab. ii q.i.d.; Tab. iii the 2nd day; and Tab. iii the 3rd day. This is to combat *E.coli* infection to the skin graft area.
3. S.S. enema on the evening before the operation.
4. The usual sterile preparation, preparing plenty of skin for graft from back of the thigh.

B. *Post-operative care*

At the time of operation a small catheter, No. 12, is sutured into the flap area and, on return to the ward, streptomycin, 100,000 units, is instilled into it and continued b.i.d. for 3 or 4 days. The catheter is removed at the first dressing. Vaseline mesh is used for dressings and changed as often as necessary—about every 2 days.

Sulfasuxadine Tab. ii q.i.d. continued for 10 days, when sutures are removed and saline tub-bath is given. At this time the dressing from the donor-area is soaked off.

Post-operatively, the patient lies on his face most of the time until the sutures have been removed. An enema is given on the 3rd day before the first dressing. In two weeks, the patient should be ready to resume exercises.

The ward: It has been equipped especially for these patients. The baths and toilets are fitted with overhead handles and side-bars on the walls. Doors are replaced by curtains to make it easier for wheel-

chairs to get close to the bath. Mirrors are lowered to wheel-chair level for shaving. Each patient has his own wheel-chair and, when ready to walk on crutches, steel braces are made for him.

Rehabilitation program: This is started on the ward and stressed from the beginning of the treatment. It includes:

1. Mat work daily, which includes muscle education, weight-lifting. In winter this is done in a room set aside for the purpose and, in summer, on the sun-roof. Ball games are included.
2. Walking school is attended three days a week at the Berry School in the Department of Physical Medicine, where two-point crutch walking is taught in front of a mirror.
3. Occupational therapy: This department is under the supervision of Physical Medicine, with a full-time occupational therapist and a workshop on the ward. The patients make and sell slippers, purses, albums, and other articles.
4. Some patients are studying for high school and accounting examinations under supervision of a teacher.

For amusement, up-patients are allowed out for drives and shows twice weekly.

On discharge, the patient is ready for direct rehabilitation. Before he leaves hospital, he is able to take his own bath and enema. He learns to walk up or down stairs on crutches and, if he falls, to pick himself up. He also learns to get in and out of a car by himself. Working in a group, the paraplegic patients are cheerful, cooperative, and encouraging to one another.

The greatest problem to the patient on discharge from hospital is bladder control. If there is not good control, the male patient can wear a rubber urinal which is satisfactory. With the female patient, the rubber pants seem to be the only solution.

During the past year, many patients have been rehabilitated to gainful occupations, for example:

1. A man of 25 is now working in an office eight hours a day and drives his own car.
2. A man of 21 is despatching in the office of a messenger service. He also drives his own car.
3. A man of 24 is working at bookkeeping in a printing office.
4. A man of 20 is working in a shoe repairing shop.
5. Two married men about 50 years of age are now established at home and are able to take care of themselves, after seven or eight years in hospital.
6. A man of 25 is despatching for two companies which have arranged to have two telephones in one office.

Many of these patients return for check-up after several months and are encouraged to report to their doctors at regular intervals.

Compensation Assured

All hospital or sanatoria employees in Ontario, including nurses, are now assured of compensation should they contract tuberculosis through contact with patients. In making the announcement, Premier Frost revealed that the entire cost of this extra protection would be assumed by the province.

The matter has been under consideration by the Government for a couple of years. The Compensation Board was asked to provide an estimate of the cost of the new plan. The Board figured out that the assessment now paid by the hospitals would have to be increased from 50 cents per $100 of payroll to $1.50 unless the province decided to pay the extra assessment. The Government estimated that it was too much of a burden to impose on the hospitals and that, on the other hand, the personnel of the hospital and of the sanatoria were entitled to such protection on account of the vital service they were performing. With a system of compulsory x-ray of patients being instituted as quickly as the necessary equipment can be obtained, the danger to nurses and other employees will be reduced and cost of protection will decrease. The program will cost approximately $200,000 a year for the present.

All employees with more than three months' service will be covered immediately. New employees will have to wait three months before they are protected. However, they will be protected for three months after they leave the hospital's service.

—Ontario Government Services

Private Duty Nursing

Tetanus

BETTY RUTHERFORD

Average reading time — 4 min. 12 sec.

THOUGH infrequently encountered in modern practice, tetanus presents grave problems to the physician and nurse, despite recent advances in its treatment. Its rareness may be judged from its incidence in B.C.—out of a population of approximately one million, only three cases were reported in each of the previous two years. This is in strong contrast to the wide distribution in nature of the causative organism *B. tetanus*.

This disease is characterized by violent muscular convulsions caused by the action on the nervous system of a toxin elaborated by this bacillus. If untreated this condition may result in death due to exhaustion or by interference with respiration. The organism gains entrance to the body through a wound, especially if the latter involves extensive death of tissue or is of the deep-puncture variety. The presence of oxygen inhibits the multiplication of the organism and toxin production and it is thought that this factor is partly responsible for the rareness of the disease. The other factor is the widespread administration of prophylactic antiserum at the time of the injury.

By coincidence two cases of tetanus were admitted to this hospital within three weeks of each other. The first case was a middle-aged woman seen in the late stages of the disease. Despite the administration of antiserum she died within 24 hours. The second case is presented below:

John, a boy of 13, fell and cut his left leg below the knee. Nine days later he was admitted to hospital complaining of tightness of the jaws and pain in his back and neck. His mother stated that for three or four days previously he had been staying around home, and kept wanting to sit on her knee, which was most unusual. John stated that he stayed home because he had nothing else to do.

Two nights before admission he noticed some tightness at the back of his neck. The day before admission he had difficulty in holding his head erect and stated "it was as if my head was too heavy for my body." He experienced some difficulty in swallowing his breakfast. Attending the movies that afternoon he returned home feeling worse and a little stiff. That night he noticed the tightness of the jaws. He awakened the day of admission at 4:00 a.m. with pain in his back and neck, with difficulty in moving his head, and also some pain in the front of his chest.

On admission at midday John was unable to lie on his back and there was moderate spasm of his back muscles with twitching of his hamstrings. He was conscious, rational, and exhibited trismus. He had already correctly diagnosed his condition as lockjaw.

Immediate treatment with large doses of tetanus antiserum was started—160,000 units by intravenous and intramuscular injection. In 83 hours John received 260,000 units which was the total amount given. Penicillin therapy was started with a first dose of 500,000 units and 100,000 units every three hours. This was gradually reduced and stopped on the 17th day with a total dose of 9.7 mega units. Intermittent intravenous injections of a d-tubocurarine were also given, to relax the muscle spasms, in doses of 4 to 7.5 mg. approximately every hour as the condition indicated. The total administration was 226 mg.

Miss Rutherford is a 1949 graduate of St. Joseph's Nursing School, Victoria, B.C.

Sedatives were prescribed in the form of nembutal to be given when necessary. During his stay he received 88 gr. together with 9 gr. of phenobarb.

The 4th day following admission, Myanesin, a spinal cord depressant, was started by mouth in doses of .5 oz. of the elixir in water every three hours. Difficulty was encountered in the oral administration since it was so unpalatable. On the 5th day a Levin tube was inserted. John received a total of 39 oz. of the elixir by the tube which was stopped on the 13th day. Twenty-four hour feedings, containing 3,500 calories per day, were also started and given by this method.

A week after admission John started slowly to improve. After hospitalization for a month he was discharged. His condition was satisfactory except for a general systemic weakness and a slight residual tightness of the jaws.

On the second day of admission the dressing taken from the wound was sent to the laboratory. No growth was reported. From a swab taken a week later there was a similar report.

The nursing care consisted primarily of placing the patient in a quiet darkened room. All noises or vibrations were prevented because they served to stimulate spasms. In the hospital all traffic was directed away from the ward in which John was placed. Someone had to constantly be with him, so from the time of admission until discharge special nurses were necessary.

In no condition is the constant and immediate attention of a competent physician and, at the same time, good nursing care more important. This makes the difference between life and death. The antitoxin which opposes the poison must be given early in the disease and in large doses if it is to help the patient and prevent death.

In Memoriam

Marion Eileen Abey, who graduated from Moose Jaw General Hospital in 1927, died suddenly on February 22, 1950, in Vancouver. Miss Abey had been on the staff of Shaughnessy Hospital since 1946.

* * *

Margaret (Castell) Anderson, who graduated from the Vancouver General Hospital in 1933, died at Powell River, B.C.

* * *

Ivy Irene Buscombe, who graduated from the Hamilton General Hospital in 1921, died in Hamilton on December 10, 1949, following a lengthy illness. Miss Buscombe served for some 23 years as head nurse and clinical instructor in her own school of nursing where she will always be remembered for her graciousness and sterling character. She retired two years ago.

* * *

Grace J. Firth, who graduated from the Montreal General Hospital in 1912, died in Toronto on February 28, 1950. Miss Smith spent some years in the Woman's Missionary Society Hospital in Matheson, Ont.

* * *

Frances M. (Clements) Hamilton, who graduated from the Royal Victoria Hospital, Montreal, with the first class in 1896, died in Montreal on January 25, 1950.

* * *

Jean (Roberts) Hendry, a graduate of the Owen Sound General and Marine Hospital, died recently in Victoria, B.C.

* * *

Muriel (Pickup) Schonberg, who came to Canada from England some 15 years ago, died in Brandon, Man., in January, 1950. Mrs. Schonberg had been engaged in public health nursing in Brandon until the time of her illness.

* * *

Elizabeth (Monteith) Shillinglaw, one of the earliest graduates of the Brandon General Hospital and matron there from 1896 to 1898, died on February 11, 1950, after a lengthy illness, at the age of 85. Mrs. Shillinglaw was honorary president of the Brandon Association of Graduate Nurses.

* * *

Mary Smith, who graduated from the Lady Stanley Institute for the Training of Nurses, Ottawa, in 1895, died at her home in Almonte, Ont., on January 19, 1950, in her 89th year. Miss Smith was a pioneer in private duty nursing in the Ottawa Valley.

Aux Infirmières Canadiennes-Françaises

Le Travail d'Equipe en Nursing

OCTAVIE PRÉFONTAINE

Average reading time — 15 min. 48 sec.

L'EXPRESSION "travail d'équipe" est une des plus souvent employées dans le vocabulaire de personnes intéressées ou s'occupant du travail d'organisation et d'administration des services de santé. De nombreuses attestations du besoin du "travail d'équipe" sont démontrées dans les revues scientifiques, les articles populaires, les lois et règlements administratifs, et dans les procédures de conférences, se rapportant aux programmes de santé, fonctionnant sous les auspices d'agences publiques ou privées.

Le dictionnaire définit le "travail d'équipe" comme: "Travail fait par un groupe de personnes associées, solidaires les unes des autres, et visant à l'objectif le plus élevé, pour le bien de tous." De plus, en vue d'un "travail d'équipe," la coordination peut être définie par "une coopération bien dirigée" ou mieux encore "une coopération automatiquement établie." Il devient évident qu'une telle coordination ne peut résulter, que d'un "travail d'équipe" efficace, qui, en retour, fait appel à une discipline ponctuelle de personnes, qui déjà ont la juste attitude d'esprit. La coopération naît d'une attitude qui, comme les autres, est le fruit de connaissances et d'habitudes acquises, qui sont le résultat d'une formation et d'une orientation, auxquelles on a dû se soumettre.

OBJECTIFS

Les nombreux objectifs à atteindre par le "travail d'équipe" dans un service de santé peuvent être les suivants:

1. Aider l'individu à se maintenir bien portant, physiquement, et mentalement; et à mener une vie personnellement satisfaite et utile à la société.
2. Diagnostiquer et traiter aussitôt que possible, d'une manière complète et compétente, toutes les conditions anormales de la santé de l'individu; puis mettre en évidence, et inclure dans le plan de traitement, tous les facteurs émotionnels et socio-économiques ayant une répercussion sur la condition anormale de la santé.
3. Aider tous les membres des diverses professions affiliées; ainsi que le personnel des cliniques et des hôpitaux à réaliser un service de santé adéquat, en tant que qualité et quantité, pour l'individu malade ou en santé; faire promptement le rapportage des cas; respecter l'intérêt et apprécier le travail de chacun.
4. Aider les agences officielles et volontaires à bien s'organiser pour l'établissement des facilités nécessaires et des plans de service pour le public.
5. Aider les agences gouvernementales et autres, administrant les programmes de santé, à répartir leurs fonctions avec économie et efficacité, considérant la qualité, la consistance, et la continuité du service.
6. Fournir au citoyen l'occasion de contribuer, par sa participation, dans l'initiation et l'administration des programmes de santé publique; et lui en assurer le contrôle démocratique.

Mlle Préfontaine est surintendante du service d'infirmières visiteuses, Cie Metropolitan Life Insurance, Montréal.

Procédures

Toute entreprise coopérative amène le problème des relations entre travailleurs de même intérêt professionnel; d'ordinaire ces relations ne sont plus un problème, dès que les intéressés se sont réunis pour discuter leur plan d'organisation. Les entrevues privées et les réunions de groupe sont les meilleurs moyens, pour se rendre compte, comment on peut travailler ensemble; cette formule n'est pas nouvelle mais son application peut être développée et améliorée suivant le besoin.

Le plan de "travail d'équipe" montré ici indique comment on a procédé dans l'organisation d'un programme, en vue d'améliorer les soins à donner à des cas de colostomie; ce même plan peut également s'adapter à d'autres patients. L'objectif à atteindre est de fournir au patient une rassurance psychologique, ainsi qu'une assistance pratique dans un moment très difficile de sa vie. Ce programme comprend la période préopératoire et se termine quand le patient peut dépendre de lui-même, et qu'il est réhabilité à son foyer d'une façon satisfaisante parmi les membres de sa famille et ses amis.

Pour réaliser ce plan, un comité actif fut formé de représentants de divers services, qui directement ou indirectement avaient une influence sur les soins à donner aux patients; les membres se composaient du chirurgien, de l'infirmière en charge du département médical et de chirurgie, d'infirmières graduées, du personnel, d'une travailleuse sociale, etc.; puis un sous-comité, comprenant des infirmières de différents services.

Fonctionnement de ce "Travail d'Équipe" dans les Procédures des Soins à Donner à un Cas de Colostomie

	Soins à Donner au Patient	Manière d'Administrer les Soins
Phase I Période préopératoire quand l'opération est projetée et qu'il y a possibilité de pratiquer une colostomie.	Renseignements à donner au patient et à sa famille, en ce qui concerne une colostomie. Nécessité de pratiquer l'opération. Accentuer sur le fonctionnement normal de l'organisme; et sur le grand nombre de personnes qui ont subi la même opération. Assurer le patient que les infirmières donneront les soins et les instructions nécessaires durant la période post-opératoire.	Le médecin s'entretient avec le patient ou avec un membre responsable de sa famille dès que l'opération est décidée. Le médecin inscrit sur le dossier les renseignements qu'il donne au patient et à sa famille, puis il en informe le personnel d'infirmières. Les infirmières complètent les renseignements au patient. Si le patient ou la famille éprouvent de la difficulté à se décider à l'opération, le patient est référé au Service Social et des arrangements sont faits pour que la travailleuse sociale rencontre la famille durant les heures de visite. L'infirmière discute avec le patient des aliments qui lui conviennent et qu'il peut tolérer; elle en prépare une liste qu'elle fait parvenir à la diététiste et l'informe de la journée de l'opération.
Phase II Période post-opératoire quand le patient est au lit, et avant qu'il soit assez fort pour se rendre à la chambre de bain.	Aider le patient à accepter l'opération et les soins qu'elle requiert: (a) Pansement, irrigation, soin de la peau. Enseigner graduellement au patient comment se donner les soins énumérés plus haut. (b) Diète: suivant la prescrip-	Le médecin prévient le personnel d'infirmières de la date probable du départ du patient, pour que le plan d'enseignement puisse être préparé. L'infirmière prépare un plan journalier et encourage le patient à participer aux soins en autant qu'il le peut; ce plan est écrit et conservé dans le dossier du patient. Une démonstration de la procédure des traitements est donnée au patient,

	Soins à Donner au Patient	Manière d'Administrer les Soins
	tion du médecin. (c) Faire coïncider le plan des soins d'hôpital avec le genre de vie que le patient peut suivre chez lui. S'informer quel sera le moment de la journée le mieux approprié pour les soins à donner. Attitude de la famille concernant l'accueil du patient. Possibilités à se procurer le nécessaire pour traitements, lorsque le patient sera chez lui. Condition de travail et de récréation auxquelles le patient devra se réhabiliter. Membre responsable de la famille qui pourra aider le patient pour les soins qu'il ne pourra se donner lui-même.	lequel retourne cette démonstration devant l'infirmière. S'il est possible, l'infirmière organise une entrevue avec un patient rétabli qui a subi la même opération; si non, l'entrevue a lieu avec un patient du dispensaire. L'infirmière donne les instructions concernant la liste de diète, prescrite par le médecin, qui est suivie à l'hôpital et qui devra l'être également quand le patient sera chez lui. S'il existe un problème à ce sujet, le patient est référé à la diététiste. L'infirmière discute avec le patient, ou un membre responsable de sa famille, pour déterminer quels problèmes existent chez lui. Si plus d'informations sont nécessaires, le patient sera référé au service d'infirmières visiteuses sur une formule employée à cet effet. Les renseignements suivants seront indiqués: Investigation désirée — le diagnostic et pronostic du patient. Condition de l'opération permanente ou temporaire. Genre de traitements requis. Les renseignements qui ont été donnés au patient et à sa famille. Description de la réaction du patient et de sa famille concernant l'opération. Date probable du départ de l'hôpital. L'infirmière visiteuse aura une entrevue avec les infirmières du département de l'hôpital, et leur remettra un rapport écrit de sa visite à la demeure du patient, renseignant sur les conditions existantes. L'infirmière fait coïncider le plan des soins d'hôpital avec les facilités existant à la demeure du patient.
Phase III Période de convalescence quand le patient peut circuler et se rendre seul à la chambre de bain.	Aider le patient à devenir dépendant de lui-même, en autant que sa condition le permet; ceci en préparation pour son retour chez lui. Soins variés que le patient devra se donner lui-même—pansement, irrigation, etc. Se procurer de l'hôpital le nécessaire pour les soins de la première journée après son arrivée chez lui; l'aider à solutionner des problèmes qui pourront survenir concernant sa condition. Retour au travail, aux distractions. Au besoin, préparer un plan pour soins additionnels à son	L'infirmière se procure de l'extérieur (magasin ou pharmacie) le nécessaire pour traitements et enseigne au patient comment s'en servir; elle renseigne aussi le patient où il pourra s'en procurer à son retour chez lui. Un feuillet contenant les instructions appropriées, est remis au patient, lui permettant d'y référer au besoin quand il sera chez lui. L'infirmière lui aide à se servir de ces instructions durant qu'il est à l'hôpital. Si le patient est incapable de se donner tous les soins, l'infirmière fait venir à l'hôpital un membre responsable de la famille pour observer comment les soins sont donnés. L'infirmière réfère le patient à un service

	Soins à Donner au Patient	Manière d'Administrer les Soins
	retour chez lui. Heures de clinique.	d'infirmières visiteuses, si nécessaire; donne les explications concernant ce service ainsi que celui de la clinique.
Phase IV Soins à domicile.	Soins à domicile et retour au genre de vie habituel: Réhabilitation à l'entourage familial. Retour à un travail approprié et aux récréations. Solution de problèmes qui ont pu persister malgré les renseignements donnés. Surveillance de la condition générale du patient. Clinique. Visites de l'infirmière visiteuse, suivant le besoin.	Si le patient a été référé pour soins à domicile, l'infirmière visiteuse voit le patient le lendemain de son retour chez lui; pour l'aider à faire ses traitements et observe la condition familiale; et fait un plan pour d'autres visites si nécessaire.

Références

1. Dericks, Virginia C. and Robeson, Kathryn A. Problems of Colostomy Patients. A.P.H.J., Jan. 1949.
2. Gilbert, Dr. Jules. Teamwork in Health Education. *Can. J. of Public Health*, Nov. 1949.
3. Goldmann, Dr. Franz. Teamwork in Health Service. A.P.H.J., July 1949.

Cancer Treatment Facilities

There is a tendency at the present time on the part of well-meaning citizens of some of our smaller cities and towns to demand that all cancer treatment facilities be set up in their particular community. In the best interests of the cancer patient these demands can not be medically justified—nor can they be justified economically.

A population of 20,000 people does not produce a sufficient number of cases to allow for a large experience in the handling of cancer patients and does not produce a sufficient number of cases of all types to justify the setting up of the expensive radiotherapy equipment necessary for treatment of special cases, to say nothing of the trained personnel required to operate this equipment.

The following figures support such arguments. This same population of 20,000 will have about 50 new cases of cancer per year Certain types of cancer, such as of the skin will be more common than others. Nevertheless, it will take months or years to gain an experience with even as few as 10 cases of any given type of cancer. Ten cases of cancer of the skin might be expected to occur in 15 months, 10 of the breast in 16 months, 10 of the uterus in 2 years, of the bladder 5 years, the lung 7 years, the lip 8 years, the larynx 16 years, and 10 cases of brain tumor in 25 years.

Local pride in matters of medical care must give way to a reasonable understanding of the necessity for the concentration of all cancer treatment facilities only in those centres which draw from populations of large size.

—*Canadian Cancer Society Newsletter*

Weak eyesight may be the cause of a child's schoolwork suffering. By having the eyes of a school age child examined periodically more serious conditions may be prevented from developing. At the same time the child's progress at school may be considerably helped.

Student Nurses

How People Live

THELMA CORMIER

Average reading time — 2 min. 24 sec.

HOW OFTEN, during the course of our training, do we stop to think or realize where our patients come from or where they go when they leave the hospital. Do we ask ourselves the very important question, "Will Mrs. Brown, who is paralyzed, have adequate care when she leaves the ward?" or "What will little Mary Smith do when she grows up?" A month with the Victorian Order of Nurses gives us some idea of how other people live.

The work of the V.O.N. consists in caring for medical, surgical, and chronic patients; instructing the expectant mother in the care of her health; assisting the doctor when the baby is born at home and giving nursing care and supervision to the mother and baby. The nurse is a health teacher in the home and shows by demonstration the nursing care which the family should give between her visits. She also conducts well-baby conferences, assists at immunization clinics, and does group teaching.

My first morning in the district was one of the most exciting experiences during my training. Everything was so new and different from my work on the wards in the hospital. Even the bag technique was interesting when I saw how much was packed compactly into such a small space.

My first two weeks were spent in the "Pier" district, which I enjoyed very much indeed. My work among the colored people in the part known as the "Coke Ovens" I liked especially. For a while I worked along with another nurse, but gradually I was allowed to go to some homes alone. Walking along the streets everyone spoke to me. They didn't know me but the fact that I was in a Victorian Order uniform, for a while at least, made them feel that they knew me. All the kiddies with their black shiny faces and broad grins would yell out: "Here comes the nurse—I must tell Mummy." Then they would crowd around me to the door.

Decrepit as many of the houses were on the outside, it was surprising how many of them were neat and tidy inside. A great many of them, to be sure, were little more than hovels or shacks. It is in places such as these that the nurse has to use her ingenuity to make things do. The cost of materials has to be considered in most cases, as illness always adds an extra burden on the pay cheque—if the husband or father is lucky enough to have such a thing.

I was quite surprised at how cooperative the patients were. The Victorian Order nurse is certainly a welcome figure to all. She is looked upon as a friend of the family who is able to share the burdens and sorrows of the individual. No one resents having the nurse tell them what to do, or how. Invariably they take her advice if at all possible.

When I returned to the hospital I found that I had a much better understanding of my patient after seeing him in his own home surroundings and as a member of the community. My affiliation also made me aware of the many social problems and of their effect upon health.

As a student nurse at City Hospital, Sydney, N.S., Miss Cormier enjoyed her affiliation experience.

A new tablet which offers

1 Faster Pain Relief with 2 Better Gastric Tolerance

BUFFERIN brings quicker pain relief than acetylsalicylic acid alone because:

BUFFERIN is more rapidly absorbed into the bloodstream — within 10 minutes after its ingestion blood salicylate levels are as great as those attained in twice the time after acetylsalicylic acid alone is taken.

BUFFERIN is better tolerated — an added advantage. Gastric distress — sometimes found when tablets of acetylsalicylic acid alone are taken — is almost unknown when **BUFFERIN** is the analgesic you use.

On or off duty nurses will appreciate the *"faster pain relief with better gastric tolerance"* which **BUFFERIN** provides.

INDICATIONS: — For the relief of simple headaches and neuralgias, muscular aches and pains, and the discomfort of grippe, colds, minor infections, *and especially,* for those rheumatic and arthritic conditions requiring intensive and prolonged salicylate therapy.

BUFFERIN **is available in vials of 15 and 45 tablets. Free samples and descriptive literature on request.**

***Product of* BRISTOL-MYERS — 3035 St. Antoine Street, Montreal 30, Quebec**

Makers of Mum Deodorant and Trushay

Graduation Diploma

In 1949, when planning for the 75th anniversary of the Mack Training School for Nurses of the St. Catharines General Hospital, founded by Dr. Mack in 1874, the beauty of the hand-drawn graduation diplomas, presented to the first graduates of the school, so greatly impressed the members of the Board of Governors that they gave permission to re-adopt the original diploma with its exquisite scroll-work, which incorporates the school motto *Video et taceo* (I see and am silent). This motto, visible on the accompanying reproduction, is illustrated by the device of a candle-holder in the form of a cherub with his finger on his lips.

It was decided to replace the picture of the early hospital with a photograph of the beautiful doorway of the present hospital, symbolic of the portal of entry to the chosen field of study. The wording on the original diploma was revised to have it in accordance with nursing advances through the years. The original diploma contained the fascinating words "unimpeachable moral character."

It is of particular interest to note that a replica of the beautiful hand-made medal of sterling silver, with its cross of stippled red enamel, has been embodied in the diploma at the upper ends of the columns of scroll-work. This medal was used in the very early years of the training school. The actual medal, the only one in existence today so far as is known, was presented to the school at our 75th anniversary by the grandchildren of the original owner. It is not known in what year these medals were discontinued but it is thought that they were in use for only a relatively short period of time.

To re-adapt the original diploma and to have the design done by hand, as was the policy initially, would have cost a fortune but it was decided we could produce a lithograph copy. Even this was expensive but both the nursing staff and Board of Governors were of the unanimous opinion that the oldest nursing diploma in Canada and one so beautiful should not be forgotten in the annals of Canadian nursing. Furthermore, it was considered a fitting tribute to our 75th anniversary.

Each student is presented with a large diploma that she can frame and a small diploma in a morocco leather case which she can easily carry with her or send through the post when presenting credentials for reciprocal registration or when making application for a new position.

E. BELL ROGERS
Director of Nursing

The Mack Training School for Nurses
THE ST. CATHARINES GENERAL HOSPITAL
ST. CATHARINES
ONTARIO, CANADA
This Certifies that
has completed satisfactorily a
course in the theory and practice of nursing
and having passed all requisite examinations
successfully has been graduated from
The Mack Training School for Nurses
In witness whereof the undersigned have
affixed their signatures this
day of

Student Nurses' Association of B.C.

Our activities this past year have been devoted mainly to building up a scholarship fund for student nurses entering any one of our six schools of nursing. A raffle was held, tickets being distributed to the various schools. The ticket sales proved to be a great success, netting the grand sum of $1,500. The ticket draw was held May 24, 1949, in conjunction with a fashion show sponsored by the Hudson's Bay Company. The net profits were then deposited in a scholarship

Prompt Relief from Nasal Congestion!

"FLAVEDRIN"

Brand of antiseptic decongestant

Common colds, catarrh, chronic sinusitis, or other complaints that make breathing through the nose difficult, are especially distressing to the nurse. Aesthetic considerations, as well as personal efficiency, make freedom of nasal breathing imperative.

Flavedrin provides prompt relief for the stuffy nose. This antiseptic preparation reduces nasal congestion swiftly and without irritation; permitting good drainage of the accessory sinuses, and ease in breathing.

Flavedrin is available at all drug stores.

"FLAVEDRIN"

Ephedrine HCl..... 1.0%
Aminacrine HCl..... 0.1%
(5-amino-acridine HCl.)

MODE OF ISSUE

1 oz. bottles with dropper.

"FLAVEDRIN" MILD

For Children

Ephedrine HCl..... 0.3%
Aminacrine HCl..... 0.1%
(5-amino-acridine HCl.)

MODE OF ISSUE

½ oz. bottles with dropper.

ADMINISTRATION

Drop 3 or 4 drops into the nostrils, or spray through an atomizer, every 3 or 4 hours.

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SINCE 1899
THE ESSENCE OF PROGRESS IN PHARMACEUTICAL RESEARCH

Charles E. Frosst & Co.
MONTREAL CANADA

account to be used only for scholarship awards.

Many scholarship meetings followed, with the executive and presidents of each school S.N.A. present. Rules and regulations governing this scholarship were drawn up under the able guidance of Mrs. L. Kelly, convener of our activities. A copy was then presented to each superintendent of nurses for her approval. However, we are meeting many problems which we hope to overcome in the near future in order to present the first of many scholarships to follow in January or certainly in September, 1950. We intend to present three such awards bi-annually if possible.

On November 9, 1949, we were invited to attend and provide entertainment at an R.N.A. Chapter meeting at Shaughnessy Hospital. We were extremely interested in their news and views and especially enjoyed their warm welcome and interest. We presented an S.N.A.B.C. Mock Meeting and two instrumental numbers.

In 1950 we look forward to:

1. Attending the R.N.A.B.C. convention.
2. Especially the C.N.A. biennial in June.
3. Our S.N.A.B.C. convention in April.
4. Bigger and better activities all through the year.

JEAN JULEFF
Secretary

Short Course in Hospital Administration

"The hospital administrator is the heart and nerve of the modern hospital. It is his—or her—job to see that each department functions efficiently and that all work together as a unit to bring the sick and hurt back to health."

The problems faced daily by matrons in small hospitals would be overwhelming even for the well-trained administrator. She is the business manager, the purchasing agent, the director and supervisor of nursing, the supervisor in the operating-room and the case-room, the x-ray and laboratory technician, the dietitian, the personnel manager, the housekeeper, and the engineer.

The continued expansion in hospital facilities creates a demand for more and more administrators. There is no way in which this group can prepare themselves for the responsibilities they must assume. In response to this very real need, a six-week course in hospital administration was offered at the School of Nursing, University of Alberta. The course was planned to bring to nurse-matrons the principles of hospital administration as they relate to the operation of small hospitals; to assist them in meeting problems of personnel, board and community relationships; to interpret the legal aspects of hospital administration; and to broaden their knowledge regarding newer nursing and medical procedures.

The 28 students from Alberta and Saskatchewan, registered in the course, participated in planning the program. Topics discussed included: purchasing, accounting, records, food service, hospital housekeeping, laundry service, public relations, legal responsibilities, and x-ray and laboratory techniques. Through the cooperation of local hospitals and health agencies it was possible to arrange field trips and periods of observation in connection with each topic discussed.

The course was made possible through a Dominion-Provincial Health Grant.

Those attending the course had an opportunity to become acquainted, share problems and learn from each other, as well as experiencing the stimulation of hearing from specialists in hospital administration.

Nursing Sisters' Association

The *biennial meeting* will be held in Georgia Hotel, Vancouver, on *June 30* at 8:00 p.m. Refreshments will be served by the Vancouver Unit following this meeting.

The *Executive meeting* will also be held on that date from 3:00-5:00 p.m. at the Georgia Hotel.

Tentative plans have been made by the Vancouver Unit for entertainment on *July 1.*

THE INTERNATIONAL COUNCIL OF NURSES
with which is associated
THE FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

The Florence Nightingale International Foundation Council invites applications for the post of **Director** to the Foundation.

This appointment is open to Registered Nurses of all countries affiliated to the I.C.N. The Director will be responsible for organizing and putting into effect a program of post-basic nursing education and of research. Applicants must have had wide nursing experience and possess good professional qualifications, preferably to include some experience in research methods. They must be members in good standing of their National Nurses Association. ***Salary:*** £1,200 (pounds sterling) increasing by £50 per annum to £1,500, the appointment to be made at the appropriate stage in the scale in accordance with qualifications and experience. Participation in a Superannuation scheme is required. The headquarters of the Foundation is in London, England.

Further information regarding this appointment can be obtained on request from the Executive Secretary, I.C.N. Applicants will be required to submit the names and addresses of 3 persons able and willing to testify as to their professional capabilities.

Applications, stating age and giving full details of general and professional education and post-basic nursing experience, should reach the **Executive Secretary, International Council of Nurses, 19 Queen's Gate, London S.W. 7, England,** not later than ***June 1, 1950.***

Book Reviews

The Organization and Management of Hospital Stores, including Stores Records and Accounts, by Captain J. E. Stone. 105 pages. Published by Faber & Faber Ltd., London, Eng. Canadian agents: British Book Service (Canada) Ltd., 263 Adelaide St. W., Toronto 1. 1948. Price $3.25.

Reviewed by Dorothy Bowden, Superintendent, Norfolk General Hospital, Simcoe.

A detailed guide for hospitals large or small, this book could be of value to either hospitals interested in establishing an organized stores department or those seeking an improvement of their present system.

Although some of the suggestions seem too detailed for the very small hospital great benefit can be gleaned from the fundamental principles, for the writer has garnered a harvest of suggestions. There are sample forms to guide the reader in making this book a comprehensive text—a valuable book in the library of the nurse superintendent.

Nutritional Data (formerly "Nutritional Charts"). Compiled by Harold A. Wooster, Jr. and Fred C. Blanck. 114 pages. 13th Ed. 1949. Free copies may be obtained from H. J. Heinz Co. of Canada Ltd., 420 Dupont St., Toronto 4, Ont.

Those who have been familiar with the nutritional charts published by this company will welcome this new manual of expanded, up-to-date, authentic information on the important topic of nutrition. It is not a profound treatise, rather a concise summary of available information. The functions, deficiency signs and symptoms, and dietary sources of all the vitamins and minerals are given. Considerable information is provided regarding the utilization of proteins. Tables of the composition and the nutritive value of foods give ready guides for diet planning. A minimum amount of space is devoted to the consideration of the food value of Heinz products, including the baby foods. This

VANCOUVER GENERAL HOSPITAL

Invitations are invited for the following staff positions which will be open in *September:*

Clinical Instructor—for Surgical Nursing, preferably with experience in General Surgery and Urological Nursing.
Monthly Salary Range: $207 increasing to $232.

Instructor—preferably with degree as chief subject will be Bacteriology.

Instructor—preferably with previous experience in teaching and with ward experience. Duties include lectures and demonstrations in nursing arts and allied subjects.
Monthly Salary Range: $197 increasing to $222.

Perquisites include: 44-hour week (week-ends free); Statutory Holidays —11; Vacation—28 days; Sick Leave—1½ days per month cumulative; Pension Plan (if under age 35).

General Staff Nurses required at once, Vacation Relief.
Monthly Salary Range: $177 increasing to $207.

Apply **Director of Nursing** *for further particulars.*

manual will prove very useful as a ready reference text, especially for public health nurses.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments—Dartmouth, N.S.: *Irene Stafford* as nurse-in-charge. Montreal: *Rhea Lucien* (Dillard University, New Orleans, La.). North York, Ont.: *Elizabeth Baker* (St. Boniface Hosp., Man.). Saint John, N.B.: *Dorothy Stacey* (Royal Victoria Hosp., Montreal). Sarnia: *Louise Williams* as nurse-in-charge. Toronto: *Ruth Drummond, Gladys Simpson* (Women's College Hosp., Toronto), *Joy Walling* (Toronto Gen. Hosp.). York Township, Ont.: *Marion Pope* (Toronto Western Hosp.).

Re-appointments—Burnaby, B.C.: *Patricia Merriman.* Sudbury: *Doreen Piirainen.*

Leave of Absence—*Margaret Adams* as nurse-in-charge at Dartmouth.

Resignations—Calgary: *Paulina Lazo.* Halifax: *Olive Hayes.* Sarnia: *Phyllis Morrison* as nurse-in-charge. Sudbury: *Kathleen Davies.* Toronto: *Helen Gulliver, Mary A. Lodge, Margaret McLeod, Beatrice Moores.* Trenton, Ont.: *Dorothy Fullerton.* Windsor, Ont.: *Agnes McClintock.*

Alberta

The following news has been received concerning staff members of the Alberta Division of Public Health Nursing:

Marguerite M. Fitzsimmons has been appointed acting director of public health nursing for Alberta. *Blanche Emerson* will be remaining as associate director. *Jean S. Clark* of the Survey Committee is on leave of absence from the department to continue her studies in England and Scotland. *Olive Mynard* (Woolwich War Memorial Hosp.) formerly on the staff of the Royal Alexandra Hospital, Edmonton, is a new member of the district nursing staff and is stationed at Peers. *Elizabeth Sherwood* (Royal Alexandra Hosp., Edmonton), another new staff member, is at Hilda. *Nina Renwick* of Maloy has been transferred to Dixonville. The Maloy district has closed owing to its proximity to a doctor and hospital at Glendon. *Olive Watherston,* a former member of the staff who has been relieving temporarily at Tangent, left for a trip to England and will establish residence on Vancouver Island on her return. *Wilma (McCordick) Newsham* is continuing on the staff at Rocky Mountain health unit and *Jean (Blackbourne) Coristine* remains at Hines Creek.

McGILL UNIVERSITY
SCHOOL FOR GRADUATE NURSES

OFFERS PROGRAMMES OF STUDY

ONE-YEAR CERTIFICATE COURSES OR TWO-YEAR COURSES LEADING TO B.N. DEGREE IN

Public Health Nursing
Administration and Supervision in Public Health Nursing
Administration in Schools of Nursing
Teaching in Schools of Nursing

ADVANCED CLINICAL COURSES IN (Certificate)

Supervision in Obstetrical Nursing
Supervision in Paediatric Nursing
Supervision in Psychiatric Nursing

All Certificate courses may be credited towards the B.N. degree. More bursaries are becoming available for advanced study.

For further information apply to:
Director, School for Graduate Nurses, McGill University
1266 Pine Avenue, West, Montreal 25, Que.

News Notes

ALBERTA

CALGARY

Mrs. H. J. Moore succeeds Mrs. A. E. Wilson as president of the General Hospital Alumnae Association. Mmes D. G. McInnes, W. Pillidge, Jr., L. Hall, and Miss K. Metheral are serving as vice-presidents with L. Shantz and N. Baker acting as recording and corresponding secretaries. The treasurer is Mrs. H. G. Duncan. Other executive members include: J. Hambling, R. Tregillus, G. Hartwick, Mmes G. S. MacKenzie, C. F. Parks, C. W. Boyd, L. S. Partridge, W. I. Brigden, C. R. Staples. A. Hebert is honorary president.

This year the alumnae again sponsored the first night of "Ice Cycles of 1950."

Amy Wilson, a graduate of this hospital in 1931, and Aileen Bond, a graduate of St. Paul's Hospital, Vancouver, relived pioneer nursing days when they fought and won a battle against a diphtheria outbreak in a remote Indian reservation in northern British Columbia last January. In the bitterly cold weather, in the face of hostility, suspicion, and apathy, these gallant nurses kept the penicillin and antitoxin from freezing by strapping it to their own bodies. All but four of a community of 52 persons developed the disease. There were only five deaths among all the patients, thanks to the skill and attention of these two nurses who have been publicly thanked for their resourcefulness and devotion to duty.

EDMONTON

Royal Alexandra Hospital

Fanny Munroe, formerly superintendent of nurses at the hospital, was an honored guest at a meeting of the alumnae association. Plans were made for a telephone bridge, Mrs. D. Ross acting as convener. The annual banquet in honor of the graduation class was also discussed. V. Chapman is convener, assisted by J. McDougall, E. Forestell, and Mrs. W. Norquay.

LETHBRIDGE

St. Michael's Hospital was the scene of a well-attended meeting of District 8. B. Hoyt and A. Hoeffer were appointed to attend the A.A.R.N. annual convention in Edmonton and A. Short and Sr. Peter the C.N.A. biennial meeting in Vancouver in June.

Miss Sullivan, of the Galt Hospital staff, conducted an informative surgical clinic on Perforated Peptic Ulcer. Those taking part were Misses Christenson, Thompson, Wethrup, and McIvor. The subjects discussed were: Pre-operative history; laboratory x-ray and operative record; post-operative nursing care; complications which might have arisen.

At this meeting it was decided to have all transient and local private duty nurses pay

NOVA SCOTIA SANATORIUM
KENTVILLE, N.S.

POST-GRADUATE COURSE IN TUBERCULOSIS NURSING

1. A two-month diploma course in supervised nursing experience, lecture, and demonstrations in all branches of **Tuberculosis Nursing.**
2. An extra month of specialized experience is offered to those nurses who wish to prepare themselves further for **Operating-Room work, Public Health Nursing, Industrial Nursing.**
3. This course is authorized by the **Department of Public Health** of which the Nova Scotia Sanatorium is a unit.

Remuneration and maintenance

NOVA SCOTIA CIVIL SERVICE COMMISSION

For particulars apply to:

Superintendent of Nurses
Nova Scotia Sanatorium
Kentville, N.S.

$15 a year into the Lethbridge registry after their first seven days of work.

BRITISH COLUMBIA

ABBOTSFORD

Mrs. Fern Lillies' home was the scene of a regular meeting of Matsqui-Sumas-Abbotsford Chapter when 15 members were present. A Ways and Means Committee was chosen, Mrs. K. Blanchard to serve as convener, assisted by Miss Bjelland and Mrs. Nascou. An interesting talk was given by Miss Nelson who attended the I.C.N. Conference held in Sweden last year. E. Towlan represented the chapter at the R.N.A.B.C. annual convention.

CHILLIWACK

The local chapter was hostess to the annual meeting of Fraser Valley District when about 100 guests, representing the various chapters, were welcomed by the president, Mrs. E. Roberts. Mrs. A. J. Phillips, of Haney, acted as chairman. Reading of the annual reports unfolded a picture of a district with busy, wide-awake member chapters. Representatives included: Abbotsford, M. Tucker; Chilliwack, A. Mackay for A. Bush; Maple Ridge, Mrs. A. J. Phillips for Mrs. N. Sleath; Mission City, Miss Stuart; New Westminster, G. Smith; South Fraser district, J. Keays.

M. Hamilton, of New Westminster, was appointed delegate to the R.N.A.B.C. annual convention. A letter was read from Mrs. E. Dunning, former district president, expressing her thanks for support in the past and extending best wishes to the new president. Entertainment for the members included a four-girl dancing team.

The Nominating Committee included Miss Pallister, Mmes Beach and Morse. N. Kennedy, Mmes Lillies and Mars were scrutineers. The newly-elected officers are: President, Mrs. M. Johnston, Haney; vice-presidents, Mrs. Erickson, Mission City; B. Smith, Cloverdale; treasurer, Miss Clancy, Cloverdale.

Mrs. E. Roberts was re-elected president of Chilliwack Chapter at the recent annual meeting. The honorary president is Mrs. D. McKay. Other officers include: Vice-president, A. C. Cleland; secretary, A. Bush; treasurer, Mrs. N. Macgregor. Committee conveners: Program, Mrs. F. Barwell; ways and means, Mrs. J. Chabot; membership, F. Orton; visiting, Mrs. J. Barker. Representatives to: Press and publications, V. L. Day; *The Canadian Nurse*, E. Esau; Local Council of Women, Mmes Roberts, J. Edmeston, F. Barwell, R. Watson.

A Student Nurse Scholarship Fund is under organization, convened by N. Kennedy, who reported that a high school graduate of this year, wishing to train as a nurse and measuring up to qualifications, will receive scholarship assistance. This is to be a yearly project and it is hoped that the Chilliwack High School guidance teacher will assist the nurses' committee in the choice of the winner. Mrs. D. Hayens reported on the "adopted child" project under the Save the Children Fund and a recent picture of the child was shown to the members. Two nurses have volunteered to work with the Red Cross Blood Donor

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Clinic. Final arrangements were made with the nurses who volunteered to give a series of weekly lectures, under the auspices of the Red Cross, for native women in the Chilliwack area. These lectures will cover home nursing, home emergencies, first aid, etc.

A resolution, circulated by the Local Council of Women and drawn up by the Mission City Local Council of Women, was discussed. This concerns hospitalization facilities available for active T.B. patients and an amended resolution, more suitable to Chilliwack district, was adopted.

Haney

The following officers will serve for the Maple Ridge-Pitt Meadows Chapter during 1950: President, Mrs. G. C. Johnston, Haney; vice-president, Mrs. L. Marrs, Hammond; secretary-treasurer and *The Canadian Nurse* representative, Mrs. E. Sleath, Box 281, Haney.

Kelowna

Mrs. H. M. Trueman was in the chair at a regular meeting of Kelowna Chapter. After some discussion, it was decided that the chapter at present could not obligate itself to any further charitable projects. It was agreed that the Registered Nurses' Association is not a service club but a professional organization whose object is to maintain and uphold the standards of the nursing profession. The chapter, after a report from the Ways and Means Committee, will concentrate on the purchase of hospital equipment and the annual bursary. Mmes D. Brannon, J. Hough, R. McKenzie, and C. Leathley volunteered to assist the public health nurses with the proposed preschool clinic. It was decided that the members should study the problems of reciprocal registration and that discussion should take place at a later meeting.

Mrs. James Clements, district social welfare officer, was guest speaker and her topic was "The Organization and Work of the Social Welfare Department."

Mrs. R. McKenzie headed the reception committee for the R.N.A.B.C. annual convention while E. I. Stocker was in charge of the banquet arrangements.

New Westminster

At the annual meeting of New Westminster Chapter the following officers were elected: President, Grace Smith; vice-president, C. Thompson; recording secretary, B. Lucas; corresponding secretary and assistant, B. Robinson, J. Squair; treasurer, N. Crockett; representative to *The Canadian Nurse*, F. Benedict.

An active year is planned for the chapter. A bazaar was held in April to raise funds for a bursary for a student nurse and also to enable two delegates, in addition to the

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official delegate, to attend the R.N.A.B.C. annual convention in Kelowna.

VANCOUVER

General Hospital

Branches of the alumnae association are springing up in many communities, including Toronto, Montreal, Penticton, Trail, and Los Angeles. Correspondence regarding possible branches should go to *Mrs. R. Parsons, 2793 W. 20th Ave., Vancouver.*

The 1950 Valentine Ball, convened by Mrs. F. S. Hobbs (Bridgman '34) and Mrs. G. Francis (Daniel '35) was a huge success and realized $1,437. The annual dinner for the graduation class was such a success last year that it will continue to be a feature in May.

Two $500 bursary loans were made last year. Applications for 1950 bursaries must be made to the executive secretary by *June 15*. A new Gestetner machine has been purchased to handle all the work of the association. Parcels are sent every three months to 13 overseas nurses.

St. Paul's Hospital

The party, given in February by the alumnae association in honor of outside graduates employed at the hospital, was a very successful venture. The Valentine theme was carried out and films were shown. Approximately 77 outside graduates were present. Special thanks for this exchange party go to Misses Rumen, O'Reilly, Belecky, and Mrs. Barnes.

Lorna Richardson has returned to Vancouver from Bermuda. L. Olivier is now working in a small hospital in California. Verna (Oliver) Purdy is working part-time in Port Arthur. Adri Collier was down from Salmon Arm for a visit, bringing news of A. (Copeland) Meniece who is residing there and of Pat Doyle who is working there.

MANITOBA

BRANDON

Mrs. E. Griffin was in the chair at a meeting of the Association of Graduate Nurses when satisfactory reports were given on the tea held in aid of the Projector Fund for the student nurses' classroom and the Scholarship Fund. Votes of thanks were accorded to P. Laird, Mmes A. Lewis and J. Henderson for their assistance. I. Lamont and G. Campbell will assist with plans for the T.B. survey while Mrs. E. Hannah will convene a group to make dressing supplies for the Winnipeg Blood Clinic.

A. Chisholm introduced the guest speaker, Dr. A. Povah, of the Brandon Sanatorium, whose topic was "T.B. or Not T.B.—That is the Question." He pointed out the necessity of routine chest x-rays as the way to combat this dread disease before it could do too much harm. X-ray pictures were viewed and adequate explanations given. The speaker was thanked by Mrs. J. D. Dick and a social hour followed with Mrs. M. Skene's group in charge.

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St. Boniface

Life memberships in the St. Boniface Hospital Alumnae Association have been presented to Marion Suttle and Henrietta Sykes—the two remaining members of the first graduation class of the school of nursing. This happy event took place at the recent annual dinner meeting. These are the first life memberships presented by the association. Miss Suttle and Miss Sykes graduated in 1900.

Mrs. A. MacDonald was elected president of the alumnae. Mrs. J. A. Schimnoski acted as chairman. The membership of the alumnae is now 128. Highlights of the year were the Spring Tea, the fall and graduation dances, successful both socially and financially. A gift was presented to Sr. Superior Dorais at the tea when she became superior of the hospital. During the evening Sr. Dorais showed members a model and plans for the new 8-storey hospital to be started soon on the site of the present building. Uniforms have been sent to nurses in an Austrian sanatorium. Anne Bowden, of Yorkton, was the winner of the scholarship awarded annually for post-graduate study. During dinner, music was provided by two student nurses.

In addition to the president, Mrs. A. MacDonald, the following will serve on the executive: Honorary president, Sr. Clermont; vice-presidents, G. Baxter, Mrs. J. Baisley; recording and corresponding secretaries, L. Gosselin, Mrs. A. Hunter; treasurer, V. Williams. Additional members on the executive include: F. Avery, D. MacDonald, M. Gibson, A. O'Keefe, C. Bourgeault, L. Andrews, K. McCallum, H. Oliver, I. Pineau, Sr. Trottier, Mmes M. Mahaffy, J. A. Schimnoski, P. Adam, K. Friesen, I. Jones, R. Williams, F. Smith, and M. Lawson.

Winnipeg General Hospital

The Silver Tea, held in February and the only fund-raising project of the year, was a great success, realizing $560. Many of the city's prominent professional and business men poured tea. The Vancouver chapter of the alumnae of 95 members has made a generous offer to the school of nursing. This consists of $50 to be awarded annually to a graduate outstanding in obstetrical nursing, commencing with the 1950 class. Gwen Graham, 1004 King St., Saskatoon, is now representative for the 19 W.G.H. nurses there. During the year they sent five parcels to a nurse in England. The proceeds of a bridge

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party were sent to the alumnae Scholarship Fund. The representative in Winnipeg is now D. Marshall at 478 Waterloo St. Forty-three members make up the Los Angeles group and 26 in Toronto. Forty-two other W.G.H. graduates are scattered throughout Ontario while active chapters are also found in Edmonton, Victoria, and Montreal.

NEW BRUNSWICK

FREDERICTON

The alumnae association of Victoria Public Hospital held its annual reunion dinner at Pythian Castle and elected a new slate of officers for the coming year, including: Honorary president, Helen Schurman; president, Verna Good; vice-president, A. Miller; secretary-treasurer and assistant, M. Brewer and K. MacFarlane; additional executive members, Mrs. B. Colter, M. Barry. Committee conveners are: Ways and means, Mrs. T. Donovan; dinner, Mrs. R. Brewer; visiting and welfare, M. McCain; picnic, D. Parsons.

The graduation class of 1950, consisting of 19 nurses, Miss Schurman, superintendent of nurses, and Dr. J. A. M. Bell were honored guests. Guests were received by Mrs. R. Perley, alumnae president, and M. Barry. There was an attendance of 85. A turkey dinner was served by the Pythian Sisters. Mrs. B. Barker provided music at the piano throughout the evening.

The following toast list was honored, Mrs. P. Staples being toast-mistress:

The King, proposed by Mrs. Staples; the alma mater, proposed by Mrs. Donovan, responded to by Mrs. D. Scammell; the doctors, proposed by Mrs. R. Lawrence, responded to by Dr. Bell; the graduation class, proposed by Mrs. W. Carlisle, responded to by W. Forbes. Dr. Bell was the guest speaker of the evening.

SAINT JOHN

St. Joseph's Hospital

A class of 16 received their caps as nurses-in-training at a capping ceremony held recently at the hospital. The caps were placed by Sr. Helen Marie, director of nurses, who was assisted by W. Ruland. Introductory remarks, prior to the ceremony, were made by Rev. Dr. Joseph M. Gallagher, chancellor of the diocese and chaplain of the hospital. Others addressing the new class were: Sr. M. Veronica, hospital administrator, Sr. M. de Lellis, and Sr. Helen Marie. Barbara Ann Hazel was heard in a solo, accompanied by R. Hurley.

ONTARIO

DISTRICT 1

CHATHAM

Mrs. M. Harrison presided at the 29th annual meeting of the Public General Hospital School of Nursing Alumnae Association when 30 members were present. It was agreed by all that the past year was an active and

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successful one. It was reported that three educational films were shown at a regular meeting while on May 15 a Vesper Service, in honor of the memory of Florence Nightingale, was held in one of the local churches and was well attended by members of the nursing profession. A report of the year's work revealed that 11 boxes of food had been sent to Mary Barrett, an English nurse. Two boxes of used clothing were forwarded to the Oxford Committee for Famine Relief. Delegates attended the R.N.A.O. annual convention in Ottawa and district meetings in Windsor and Sarnia. During the year the nurses' rest room was redecorated and attractively refurnished.

The alumnae held the annual picnic at Port Lambton in July with a good attendance. Glen Gordon Manor on Lake Erie was the scene of the annual banquet in October, with 120 members present. The guest speaker was Mr. Richard Doyle, staff reporter of the *Chatham Daily News*. He gave an interesting account of his trip through war-torn Europe. In September, the association sponsored a professional vaudeville variety show—"Melody Lane"—splendid talent providing good entertainment. Annie Head convened a successful bazaar of home-baking and articles of sewing which were contributed by members, the sale of which netted satisfactory returns.

It was a pleasure to welcome a 1939 graduate—Bernice Lewis—back to her alma mater as superintendent of nurses. Mrs. M. Harrison is now chairman of District 1.

The following officers will serve during the coming months: Honorary president, P. Campbell; president, Joan Holmes; vice-president, Mrs. R. Judd; recording and corresponding secretaries, M. MacNally, Mrs. G. Briseley; treasurer, M. Gilbert; representative to *The Canadian Nurse*, E. Orr.

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Province of Ontario

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•

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LONDON

St. Joseph's Hospital

The School of Nursing Alumnae Association is offering a $150 scholarship for post-graduate study. This is open to any member of the alumnae who has had at least one year's experience in her profession. Application forms may be obtained from Stella Gignac at the hospital.

DISTRICTS 2 AND 3

OWEN SOUND

A series of educational programs recently was sponsored by the Community Nursing Registry. Those present included registry and graduate staff members while the students of the General and Marine Hospital School of Nursing attended as guests.

Those participating included: Mr. Keith Weaver, guidance director, Owen Sound Collegiate Vocational Institute—"Human Relations for Nurses"; Dr. Maitland Brewster — "New Drugs," with particular reference to chloromycetin therapy; Ella Lediard, former United Church missionary in Japan — "Education and Conditions in Japan."

These programs were arranged by the Educational Committee with Marion Bowes as convener.

General & Marine Hospital

The nurses' residence was the scene of an impressive candlelighting capping ceremony when four students received their caps from Misses McKinnon and Sweatman, instructors at the school of nursing. The director of nurses, W. Cooke, formally welcomed the students into the training school. Lorraine Patterson, B.A., director of physical education for girls at the Collegiate Institute, was guest speaker. Joyce Breen, vice-president, Student Council, gave the "Charge" to the new students and Mary MacDonald responded. Musical selections were rendered by the students. Following the ceremony the Junior Hospital Aid entertained at tea for the parents and friends of the new students. Other guests included the members of the Board of Governors and their wives; hospital superintendent and his wife, Mr. and Mrs. J. Clark; president, Senior Hospital Aid, Mrs. McMurtrie; Training School Committee members and graduate staff nurses.

DISTRICT 4

ST. CATHARINES

The first momentous step in their nursing careers was reached by 25 preliminary students of the Mack Training School for Nurses of the General Hospital in February in the colorful Capping Exercises held in the Leonard Nurses Home. E. Bell Rogers welcomed the guests who, for the most part, were parents and friends of the class and representatives of the Ladies' Aid of the hospital. Miss Rogers spoke of the importance of the occasion and of the excellent work done by the nurses.

Looking very smart in their blue and white uniforms, brightened with a St. Elizabeth rose corsage, the nurses were presented by Helen Brown and Wilhemena Bell. Immediately on receiving their caps, the nurses, coming forward by two's, lighted the Florence Nightingale candles—a tribute to "The Lady with the Lamp" and the inspiration of all nurses.

Of particular interest was the presentation to each nurse of a beautiful little white Testament, a gift from the Gideon Society. Mmes A. Taylor and A. D. Smith, of the society's Women's Auxiliary, made the presentations.

District 7

Kingston

Ontario Hospital

The last film in a series of three on mental hygiene, entitled "Rejection, Hostility and Over Dependency," was shown recently to the alumnae members, affiliated students, and student nurses. The film told the story of "Jim" who, as a boy, had been over-protected and dominated by his indulgent parents. Dr. G. Wilson, assistant superintendent of the Ontario Hospital, gave a commentary on the film. Mrs. D. Kennedy, alumnae president, introduced Dr. Wilson and he was thanked by Mrs. M. Langsford. The social convener, E. Lyon, and her committee, assisted by the hospital student nurses, served refreshments at the close of the meeting.

Plans were made for a bridge and euchre, 50 per cent of the proceeds of this event to be donated to the Cancer Clinic.

District 8

Ottawa

Lady Stanley Institute Alumnae

Graduates from all over the Ottawa Valley were among the 70 members of this association who attended the 59th annual dinner held in March. C. Pridmore, president, extended a warm welcome to out-of-town guests. Among those present was Agnes Cameron, a member of the first graduation class. Guests of honor included: Margaret Gormley of the Ottawa General Hospital Alumnae; Evelyn Horsey of the Ottawa Civic Hospital Alumnae; Edith Young, director of nurses, Ottawa Civic Hospital; Elizabeth McColl, Gertrude Garvin, and Dr. and Mrs. Geldert.

Dr. Geldert gave an interesting talk, illustrated by colored films, on a holiday trip to Mexico. M. Stewart, of the Royal Ottawa Sanatorium, presented a brief history of the Lady Stanley Institute which was the nurses' training school for the old Protestant General Hospital on Rideau St.

District 9

Kirkland Lake

Gladys Sharpe was the guest speaker at the annual meeting of the district held here in March. She spoke on "New Trends in Nursing," mentioning the demonstration

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school of nursing in Windsor. Ninety-five members and guests attended the banquet.

QUEBEC

MONTREAL

Three very interesting well-attended lectures, arranged by the Public Health Committee, English Section, A.N.P.Q., were greatly enjoyed by the members. The speakers were all from the Department of National Health and Welfare and the programs included:

Dr. Gordon Wride, assistant director, Health Insurance Studies—outline of Canada's national health program, discussing the various grants available to the provinces; Dr. R. J. Ratz, chief, Civil Service Health Division—description of the health program carried on in the Civil Service Department, with particular emphasis on the place of the public health nurse in health counselling; Mary MacBeth, chief nutritionist, Nutrition Division—description of the work of this division, explaining the nutritional surveys carried on throughout the Dominion. Literature, published by the division, and interesting filmstrips completed the program.

A scholarship of $500 has been awarded to Doris Wright, who is now enrolled in the McGill School for Graduate Nurses, it was reported at the recent annual meeting of the English Chapter, District 11, A.N.P.Q. Miss Wright is now taking a course in supervision in pediatric nursing. Dr. Campbell Gardner addressed the gathering on "The Eleventh Commandment," later presenting a film on rehabilitation. Active members in the English Chapter now total 1,915. It was announced that 19 delegates were appointed to attend the provincial annual convention.

The chairman, Caroline Barrett, noted that two general meetings had been held—one addressed by G. M. Hall, C.N.A. general secretary; E. Flanagan, supervisor, Montreal Neurological Institute; and C. Aitkenhead, medical wards supervisor, Montreal General Hospital, who gave an account of their impressions of the I.C.N. Conference held in Stockholm. Dr. Wesley Bourne of the Department of Anesthesia, McGill University, was the guest speaker at the other meeting. Reports were also received from Mary Mathewson, secretary; M. Flander, treasurer; and Sr. Felicitas on the Committee of Management meeting held in Quebec City.

Alexandra Hospital

A St. Patrick's Tea was held when Katie Annesley and staff entertained the superintendents and supervisors of the various Montreal hospitals and nursing organizations. The guests were taken on a tour of the hospital wards.

March 1 marked the second anniversary of the opening of the T.B. Unit. Miss MacLean has joined the staff as full-time occupational therapist. Other recent appointments include: Miss LeBrocq, assistant on Ward F; J. Fullerd and W. Pickersgill from England to T.B. Unit.

Royal Edward Laurentian Hospital

A group of eight nurses, including the educational supervisor, is shown in the accompanying photo on completion of an eight-week post-graduate course in tuberculosis nursing at this hospital. The Royal Edward is the first English-speaking hospital in Quebec to provide a complete course in tuberculosis nursing. The nurses spent three weeks in the Laurentian Division of the hospital at Ste. Agathe and five weeks in the surgical division and in the hospital's public health service in Montreal. Another class will be starting shortly, according to Olive Fitzgibbon, director of nursing services at the Montreal Division.

Seated, left to right: JEAN SCOTT, *Saskatoon;* HILDA HAGGART *and* RUTH PECK, *Toronto;* MYRTLE MILLAR, *Vancouver. Back row:* MAUD MARSHALL, *St. Hyacinthe;* CATHERINE ALLISON, *Montreal;* RITA WALKER, *St. Hyacinthe;* CHRIS KREUTZ, *Lancaster, N.B. Far right:* MADGE MCKILLOP, B.N., *educational supervisor.*

Royal Victoria Hospital

M. Dolphin is now clinical instructor in pediatrics, Vancouver General Hospital. Hazel (Martin) Fisher, of Woodstock, N.B., was a recent visitor at the training school office. A welcome was also extended to Isabel Cody who reported that she is taking public health at the University of Toronto School of Nursing.

QUEBEC CITY

Jeffery Hale's Hospital

A. S. Humphries was re-elected president of the alumnae association at the 29th annual meeting, when the reports of the various committees were read. Other members serving on the executive include: Vice-presidents, Mmes Travers, J. Green; secretary, Mrs. D. Pugh; treasurer, A. MacDonald; private duty section, Mmes Davidson, Baptist.

N. Power was the winner of the raffle at an enjoyable bridge held in the nurses' residence. The proceeds went towards the general funds of the alumnae.

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Dr. W. Delaney was guest speaker at a regular alumnae meeting when his topic was "The Newer Drugs."

SASKATCHEWAN

PRINCE ALBERT

Dr. Ho, radiologist for Holy Family and Victoria hospitals, spoke on "X-Ray" at a recent meeting of Prince Albert Chapter. He discussed in an interesting way some of the commercial uses of x-ray, as well as reasons for certain restrictions in liquid or food intake previous to the taking of x-ray plates or the giving of treatment.

SASKATOON

City Hospital

The alumnae association recently held a dance when Mrs. M. Woods was in charge of arrangements. The president, Mrs. J. Tait, and the honorary president, Mrs. J. E. Porteous, received the guests. Proceeds are to be added to the furnishing fund for the nurses' residence.

A very successful Spring Tea and bazaar was held by the 1951 class when the director of nursing, Mrs. Porteous, and B. Laing, class president, received the guests. Mmes L. Goluboff, C. B. Orchard, A. Scharf, and D. A. Stewart presided at the tea table.

Edna Andrews, a 1931 graduate, has been appointed Matron-in-Chief, R.C.A.M.C. Since Miss Andrews' appointment to the R.C.A.M.C. in 1941, she has been associated with No. 8, 6 and 16 Canadian General Hospitals. Upon her return from overseas she served in military hospitals in Calgary, Northwest Territories, and Toronto.

St. Paul's Hospital

In March, the school of nursing was pleased to welcome K. W. Ellis, S.R.N.A. registrar and school of nursing adviser, on an official visit. The hospital was sorry to bid farewell to their superior, Sr. A. Lachance, who has left for Montreal. The new superior, Sr. B. Bezaire, was made welcome at a social held in March. Sr. Bezaire was formerly at Holy Cross Hospital, Calgary. Mother Provincial was a recent official visitor. L. A. Rechenmacher is back on the staff after a three-month absence.

The alumnae announces that plans are being made for a reunion of St. Paul's graduates in Saskatoon on May 26 and 27.

During March the graduate staff heard a series of lectures as follows: Gastric Resections, Dr. Leddy; Newer Trends in Pediatrics, Dr. Stewart; Caesarian Sections, Dr. McFadyen; New Milestone in Medicine, Dr. Baltzan.

Saskatoon Sanatorium

New members on the staff include: Edith Harvey, Lois Johnson, Vivian Thorson—all 1950 City Hospital graduates; Sylvia Reekie, Doreen Delainey. Theresa Martens is now doing private duty in Saskatoon.

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Thorough in Action
Delightful in Flavor

It coagulates, detaches and removes viscid deposits and exudates

Positions Vacant

Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.

Adviser to Schools of Nursing—applications invited by University of Alberta, appointment to become effective August 1. Initial salary: $3,000-3,600 depending on qualifications & experience. Applications, stating age, nationality, marital status & other relevant personal details, particulars of academic qualifications & experience, names & addresses of persons to whom reference can be made & accompanied by recent photo or snapshot, should reach the Dean of Medicine, University of Alberta, Edmonton, Alta., not later than ***June 15.***

Public Health Nurse for Wentworth County School Health Service to commence duties about Sept. 1. Liberal car allowance provided; financial assistance available for purchase of car. Applications, stating qualifications & salary expected, will be received up to ***May 25*** by A. F. Stewart, County Clerk, Court House, Hamilton, Ont.

Dietitian (experienced) urgently required for Children's Hospital, Halifax, N.S. Living accommodation. Salary open. Apply to Medical Supt.

General Staff Nurses for vacation relief or permanent positions. Salary range: $210-220 per mo. Additional $20 for evening duty; $15 for nights. 44-hr. wk. Also **Asst. Head Nurse for Communicable Disease Dept.** Apply Director of Nursing, Evanston Hospital, Evanston, Illinois.

Supervisors for General Wards & Graduate Nurses for General Duty for 188-bed hospital. Salary: $185 & $160 respectively with maintenance. 44-hr. wk. For full particulars apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Graduate Nurses for General Duty. Salary: $150 per mo. with full maintenance. Comfortable nurses' home on hospital grounds. Apply, stating qualifications, Sec.-Treas., Little Bow Municipal Hospital No. 25, Carmangay, Alta.

Nurse-Matron for 20-bed up-to-date hospital. Experience in X-Ray necessary. Phone or write H. A. Ross, Mount Forest, Ont.

Science Instructor for School of Nursing, Provincial Mental Hospital, Ponoka, Alta. Position now open. Apply, stating qualifications, age & experience, to Supt. of Nurses.

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

Registered Nurses for General Staff Duty on Rotation Service. Apply, Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

Registered Nurses (2) for General Staff Duty for modern well-equipped 34-bed hospital & residence in a progressive Northern Saskatchewan town. Initial salary: $130 plus full maintenance with increment of $10 per mo. after 1st 6 mos. Working conditions excellent. Environment most favorable. Apply Sec., Union Hospital, Preeceville, Sask.

Registered Nurse (bilingual preferred but not essential). Salary: $105 per mo. Increase of $60 per annum for 3 yrs. Full maintenance. 1 mo. vacation. For further particulars apply Mrs. Jean Arnold, Matron, County Hospital, Huntingdon, Que.

THINKING OF A CHANGE?

THE FOAM LAKE UNION HOSPITAL
FOAM LAKE SASKATCHEWAN

Offers —
- Fine Working Conditions
- Excellent Salary Structure
- Diversified Nursing Experience
- Beautiful New Hospital and Residence

For full particulars apply to Superintendent of Nurses

General Duty Nurses (2) for 15-bed hospital. 44-hr. wk. Gross salary: $180 less $40 living expenses. 1 mo. annual vacation. Situated on Lake Windermere, 10 miles from Radium Hot Springs. Apply Administrator, Windermere District Hospital, Invermere, B.C.

Registered Nurse for Operating-Room & Asst. Supt. for active 20-bed hospital. Duties to commence immediately. Apply Supt., General Hospital, Palmerston, Ont.

Instructor of Nurses for small hospital School of Nursing. Must be Registered Nurse. Complete maintenance provided. Apply, stating salary expected & giving qualifications, Supt., Plummer Memorial Public Hospital, Sault Ste. Marie, Ont.

Clinical Teaching Supervisor & Science Instructor for 125-bed Pediatric Hospital. 8-hr. day, 6-day wk. 1 mo. vacation annually. Apply, stating qualifications & salary expected, Supt. of Nurses, Children's Hospital, Winnipeg, Man.

Staff Nurses, eligible for registration in Michigan, for all services in modern 200-bed hospital. Salary: $216 per mo. for 44-hr. wk. 6 mos. increase. $10 extra for 3-11 & 11-7 duty. 7 paid holidays. 2 wks. vacation & 12 days sick leave per yr. Cafeteria meal service. Laundry furnished. Apply Director of Nurses, General Hospital, Pontiac, Michigan.

Registered Nurses for General Duty for modern 200-bed hospital in Niagara Peninsula. Salary: Days, $140; evenings, $150; nights, $145—plus maintenance. Straight 8-hr. duty. Comfortable nurses' residence. Transportation refunded after 1 yr. service. Apply Director of Nursing, County General Hospital, Welland, Ont.

Graduate Nurses for General Duty at R.W. Large Memorial Hospital of the United Church of Canada, located at Bella Bella on the B.C. coast, 300 miles north of Vancouver. Salary: $150 gross less $25 per mo. for maintenance & laundry. Fare to hospital refunded after 1 yr. service. Vacancies July 1 & Sept. 1. Apply to Matron.

Director of Nurses. Duties consist of directing the Nursing Service of 140-bed hospital & Nursing School of approx. 80 students. Apply, giving details of age, education, training & experience & salary expected, Miss Dorothy Macham, Supt., Women's College Hospital, Toronto 5, Ont.

Director of Nursing Service (Christian nurse) for 250-bed hospital with School of Nursing. State salary expected. Apply, giving post-graduate course taken, experience & references, in c/o Box 5, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Matron & Registered Nurses for new modern 20-bed hospital. Salaries: $210 & $180 per mo. gross. Usual holiday time & sick leave. Apply E. W. Groshong, Sec.-Manager, Porcupine-Carragana Union Hospital, Porcupine Plain, Sask.

Asst. to Director of Nursing Service not later than August 1. Duties Administrative & Supervisory. Preference given to applicants with University preparation & experience in administration. Apply Director of Nursing, Civic Hospital, Ottawa, Ont.

Nursing Arts Instructor, Educational Director, Clinical Instructor immediately. The hospital, located in capital city, is connected with large clinic & college which aids greatly in teaching students. Apply Director of Nurses, Bismarck, Hospital, 6th & Thayer, Bismarck, North Dakota.

General Duty Nurses for modern, well-equipped hospital in picturesque Lakehead. 48-hr. wk. Cumulative sick leave. 1 mo. vacation after 1 yr. service. Gross salary per mo.: $170 less $20 for meals & laundry. $45 deducted if living in residence. Annual increment. Railway fare up to $50 with 1 yr. contract. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

Nursing Arts Instructor & Science Instructor for Nursing School, Holy Family Hospital, Prince Albert, Sask. Submit statement re qualifications & salary expected to Director of Nursing.

General Duty Nurses. 8-hr. broken day. 48-hr. wk. Gross salary: $163.40 monthly. All salaries have scheduled rate of increase. Cumulative sick leave. Pension plan in force. Blue Cross plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital for Tuberculosis, Gravenhurst, Ont.

Graduate Nurses for General Floor Duty. Salary: $115 per mo. Full maintenance & laundry. $60 yearly increase up to 3 yrs. Apply, stating qualifications, Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que.

Obstetrical Supervisor (experienced) for 150-bed General Hospital. 48-hr. wk. 4 wks. vacation annually. Apply, stating qualifications, experience, age & salary expected, Supt. of Nurses, General Hospital, Chatham, Ont.

Public Health Nurse for Town of Dundas, Ont. Salary: $2,400 per annum. Pension Plan. 1 mo. vacation. Duties to commence Aug. 1 or Sept. 1. Apply C. F. Nunn, Sec., Board of Health.

Dietitian for 188-bed hospital. Salary: $175 with full maintenance. 44-hr. wk. For full particulars apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Maternity Nurses—post-graduate training preferred, not required. 48-hr. wk.; straight shift. New Maternity Pavilion opening in near future. Information concerning salaries, sick time, etc., provided after application has been received, giving qualifications, years of experience, etc. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Registered Nurses for General Duty in small hospital—2 willing to do Night Duty. Good salary. Apply Supt., Rosamond Memorial Hospital, Almonte, Ont.

Graduate Nurses for completely modern West Coast hospital. Commencing salary: $185 per mo. less $40 for board, residence, laundry. Special bonus of $10 per mo. for night duty. $10 annual increment. 44-hr. wk. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. accumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

General Duty Nurses for 400-bed hospital. New Wing just opening. 8-hr. day, 44-hr. wk. 10 statutory holidays. B.C. registration required. Salary: $175 basic. Credit for past experience. Annual increments. Vacation: 28 days after 1 yr. Sick leave: 1½ days per mo. cumulative. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Evening & Night Supervisors to rotate for 100-bed hospital. 37 student nurses. For further particulars write Miss Helen F. Marsh, Supt. of Nurses, General Hospital, Woodstock, Ont.

General Staff Duty Nurses for 150-bed Sanatorium. Salary: $135 plus full maintenance. 8-hr. broken day, 6-day wk. 4 wks. vacation after 1 yr. service. Blue Cross hospitalization. Apply Supt. of Nurses, Niagara Peninsula Sanatorium, St. Catharines, Ont.

Registered Nurses for General Duty for small hospital. 8-hr. day, 6-day wk. 4 wks. vacation. Attractive residence, adjacent to hospital. Apply Supt., Niagara Cottage Hospital, Niagara-on-the-Lake, Ont.

Graduate Nurses for 40-bed hospital. Straight 8-hr. shift. Salary: $150 per mo. including bonus of $10 per mo. payable every 6 mos. Full maintenance. Apply Matron, Municipal Hospital, Vermilion, Alta.

Registered Nurses for General Staff Duty for the Division of Tuberculosis Control required by British Columbia Civil Service—***Vancouver Unit:*** 225-bed T.B. Hospital, located at 2647 Willow St., Vancouver. All major services & student affiliation course. Registration in B. C. required. *Gross salary:* $182 per mo. Annual increments of $60 (over 5-yr. period). No residence accommodation. ***Tranquille Unit:*** 350-bed T.B. Hospital, located 12 miles from Kamloops in southern interior. All major services except student affiliation. *Gross salary:* $188.50 per mo. Annual increments of $60 (over 5-yr. period). New modern residence; attractive bed-sitting-rooms; recreational facilities. Maintenance deduction: Room $5.00, laundry $2.50. Excellent food at 20 cts. per meal. ***Conditions—Both Units:*** 8-hr. day, 5½-day wk. Rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave 20 days per yr.—14 cumulative. Promotional opportunities. Superannuation. Write for information & applications to Supt. of Nurses of respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver, B.C.

Registered Nurses for General Duty required for University of Alberta Hospital, Edmonton. (640 beds). Gross salary: $170 per mo. 1st year, $180 2nd year and $190 3rd year of service in hospital. $25 per mo. deducted for meals and laundry. Statutory holidays. Sick leave: 3 weeks

CANADIAN RED CROSS SOCIETY

invites applications for ***Administrative*** and ***Staff*** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

- The majority of opportunities are in **Outpost Services** in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances.

For further particulars apply:
National Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ontario.

after 1 yr. service, with annual increase of 1 wk. to a maximum of 13 wks. Blue Cross coverage on a 50% employee contributory basis. 1st class railway fare to Edmonton refunded after 1 year continuous service. Pleasant university environment. Apply Supt. of Nursing Services.

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $115 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end ea. mo. 1 mo. annual vacation. 14 days sick leave. Apply Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Floor Duty Nurse. 8-hr. duty. Salary: $110. Full maintenance & laundry. Blue Cross hospitalization. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Graduate Nurses (2) for 40-bed hospital. Commencing salary: $185 per mo. with full maintenance for $40 monthly. 44-hr. wk. 28 days annual holidays plus 10 statutory holidays. Annual increases. Accumulative sick leave. Self-contained nurses' home. Princeton is situated on the new Hope-Princeton highway only 5 hrs. from Vancouver by road. Apply Director of Nursing, General Hospital, Princeton, B.C.

Graduate Dietitian at Ontario Hospitals in Kingston, Whitby, Woodstock. Initial salary: $2,140 per annum plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. at above hospitals.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock. Initial salary: $1,840 per annum plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. of Nurses at above hospitals.

Operating-Room Nurse for attractive hospital in good community. 8-hr. day, 6-day wk. Apply, stating year of graduating, experience & salary expected, Supt., Memorial Hospital, Listowel, Ont.

Asst. to Operating-Room Supervisor for 130-bed active General Hospital in Georgian Bay District. Post-graduate or added experience in O.R. essential. Attractive salary. Duties to begin July 15. Apply Director of Nurses, General & Marine Hospital, Owen Sound, Ont.

Night Supervisor for new 60-bed hospital. Duties to commence July 1. Apply Supt., Alexandra Hospital, Ingersoll, Ont.

Operating-Room Scrub Nurse for new hospital. Duties to commence July 1. Apply Supt., Alexandra Hospital, Ingersoll, Ont.

Graduate Nurse for night float in new hospital at Ingersoll, Ont. Apply Supt., Alexandra Hospital.

Supt. for hospital of 50 adult beds with School of Nursing. Apply Mr. J. D. Winslow, Chairman, Board of Trustees, Carleton County L. P. Fisher Memorial Hospital, Woodstock, N.B.

Operating-Room Nurse & General Duty Nurses for 60-bed hospital. Excellent salary with maintenance provided. Apply, giving full information, Supt., Public Hospital, Smiths Falls, Ont.

Registered Nurses for General Duty in 45-bed hospital. Salary: $120 plus full maintenance. 8-hr. duty, 6-day wk. 3 wks. holiday after 1 yr. service plus statutory holidays. Apply Supt., Bruce County General Hospital, Walkerton, Ont.

WANTED
NURSES AND NURSES' AIDES

Positions are available at **Point Edward Hospital, Westmount, Cape Breton, Nova Scotia,** for a number of Graduate Nurses and Nurses' Aides. Excellent salary and living conditions. Civil Service benefits.

Application forms may be obtained from the **Nova Scotia Civil Service Commission, P.O. Box 943, Halifax, N.S.,** or by telephoning *3-7341-Branch 230.*

Further particulars as to duties and working arrangements may be obtained from the **Superintendent of Nurses, Point Edward Hospital, Westmount, Cape Breton, Nova Scotia.**

Registered Nurses (2) for General Duty at Union Hospital, Kindersley, Sask., as soon as possible. Salary: $140 per mo. plus full maintenance. 8-hr. day. New 45-bed hospital & nurses' home, fully modern. Apply by letter or telephone (reverse charges) to Miss E. Nixon, Nurse-Supt.

Supervisor for Night Duty and **Graduate Nurses.** Apply c/o Box 2, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Supervisor of Nurses for new 60-bed hospital. Graduate staff with Nurses Aides. Duties to commence June 15. Apply Supt., Alexandra Hospital, Ingersoll, Ont.

Graduate Nurses for General Duty in fully modern 82-bed hospital. Salary: $145 per mo. ($150 after 6 mos. service) plus full maintenance in separate, modern residence. 8-hr. day, 6-day wk. 30 days holiday with pay after 1 yr. service. 14 days sick leave with pay in any 1 yr. & all statutory holidays. Apply Supt., Union Hospital, Canora, Sask.

Graduate Nurse for fully modern 20-bed well-equipped hospital. Salary to start: $145 per mo. plus full maintenance. 8-hr. day, 6-day wk. Usual holidays. Modern comfortable staff quarters. Apply Matron, Union Hospital, Nokomis, Sask.

General Duty Nurses for 75-bed hospital. Apply, giving full particulars, Supt. of Nurses, General Hospital, Parry Sound, Ont.

Public Health Nurses for Huron County Health Unit, Clinton, Ont. Minimum salary: $1,900 per annum with consideration for experience. Annual increments. Liberal car allowance for nurses owning cars or arrangements made for purchase. Duties to commence July 1. Apply Sec., Mr. N. W. Miller, Goderich, Ont.

Graduate Nurse for General Duty. Salary: $142.50 per mo., cost of living bonus, increase of $15 per mo. annually up to maximum. Pension, Blue Cross, medical services, full maintenance, uniforms. 8-hr. day, 5-day wk. Vacation with pay. Statutory holidays. Apply Supt., Fred Adams Hospital (Isolation), 2243 Byng Rd., Windsor, Ont.

In 1948, Canada's five-year goal was set at hospital accommodation for 40,000 new beds. Federal aid has already been approved for 239 hospitals, totalling more than 18,000 beds. Completed, or now in process of completion, there are sufficient new hospitals or hospital extensions to care for an additional 10,000 active-treatment patients, 1,200 chronic or convalescent patients, more than 3,000 of the mentally ill, 2,900 tuberculosis patients, and 2,300 infants.

—HON. PAUL MARTIN

Too often, blind persons consider themselves helpless cripples and charges of society. That feeling of helplessness, that inferiority complex, develops quickly and quite inevitably in blind children. It is, therefore, very important that those children be sent to a school for the blind as soon as they are of school age. A delay of a couple of years might have a serious effect on their intellectual and emotional development.